should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of inforof OCCUPA-PHYSICIANS WRITE PLAINLY, WITH UNFADING ING. I. AGE should be stated EXACTLY. PHYSICIANS mation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF		JE INIAK	TLAND	(3)	00338
oounty	Carroll			Registration Dist. No.	. //0
	ity Tane ytown			No	
	we Milton A				
(a) Residen	ce: No	(Usual place	of abode)	St., Ward.	or town and State
PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF D	EATH
3. SEX Male	4. COLOR OR RACE White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Que a Somethin Que	193 3 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ed, or divorcad			22. I HEREBY CERTIFY. That 1 1 1 2 1 1 1 2 2 1 1 2 2 2 1 1 2 2 2 2	I attended deceased from
6. DATE OF BIRTH (month, day, and year)	r.30.18	62	Wast saw h. m. aliva on Jan 287	, 19 .3 ; death is sai
7. AGE Yea	ms Months	Days	If LESS than	to have occurred on the date stated above, at 913 99 m.	
7	0 8	29	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of impo were as follows:	Pate of onse
SAWYER, 9. Industry or I work was SAW MIL 10. Data decease this occup	L, BANK, etc.	aborer	ime (years) nt in this upation	Chronic Interstition &	7 July 193
	y or town)			Other Contributory Causes of importance:	ACIO
13. NAME A	mos Basehoa	r		voryma 1 -ectory 3	192
13. NAME 4		Pa			Date of
15. MAIDEN NAI	weCatherine	Sheely		What test confirmed diagnosis? Wa 23. If death was due to external causes (VIOL ENCE) fill in also t	
15. MAIDEN NAI	(city or town)	p	8	Accident, suicide, or homicide? Date of Inj Whera did injury occur?	
7. INFORMANT	rs.C.M.Benn Tane	er ytown.M	d.	(Specify city or town, cou Specify whether injury occurred in INDUSTRY, in HOME, or in	nty and State) PUBLIC PLACE.
8. BURIAL, CREMAT		-	62	Manner of Injury	
PlaceLLL	tlestown, Pa	▲ Date 4 211	31, 1933.	Nature of injury	
9. UNDERTAKER (Address)	C.O.FUSS & Teneytow			24. Was disease or injury in any way related to occupation of de	
20. FILED	30 ,1933 Ma	July 3 LL	Registrar.	(Signed) G. M. Benny (Address) Parent Tour	- Md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. It out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	A. Carrier and A. Car	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related cause of importance were as follows:	S Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		SECENED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY I	PHYSICIAN	BY	STATEMENTS	FURTHER	FOR	SPACE	ADDITIONAL
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ä ż

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00339
1. PLACE OF DEATH	(15)
County Larael 1	Registration Dist. No. 26
Village or City 11 Estementer - 18:30	T No. St. Ward
(1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Name Hurel Horalge	1 daugher
(a) Residence: No. Westureste 15 %	U. 51,9,7 Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH (7)
Male White ORDIVORCED (write THE WORD)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBANO of	(Month) (Oay) (Year)
Coc Wisson Many Paugher-	i HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 7Eh 34, 1871	, 1900, 10
7. AGE Years Months Deys If LESS than	(Vast saw h. List elive on facture and 1993 ; death is said to have occurred on the date stated above, at
6 / // 10 l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and companion (month and com	1
Andustry or business in which work was done, as SILK MILL.	1 2 1/9/3
SAW MILL, BANK, etc	(Cule my rollas Talial
this occupation (month and 10 10 3 4 2 spent in this year)	/ /
U. M. Ca. t-	Other Coutribatory Causes of importance:
(State or country)	
13. NAME W. Carry Breegher	
13. NAME (Cook Procegues) 14. BIRTHPLACE (city or town) - forth State (State or country)	Name of operation Noul Oate of WWW
(State or country) Pringry livers.	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Cartegues fromther	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Culteries Hereitzes 16. BIRTHPLACE (city or town) Joseph Co.	Accident, suicide, or homicide? Oate of injury, 19
(State or country) Juneary backs	Where did injury occur?
17. INFORMANT Noch / Fairgher (Address) (vay nestoro , pa.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CRIMATION, OR REMOVAG	Manner of injury
Place Gladow Branch pore Jan 16, 1933	Nature of Injury
19 UNDERTAKER XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	24. Was disease or Injury In any way related to occupation of deceased?
(Address), New Jondson MR	If so, specify
20. FILEO / /4 1977 December 10	(Signed) Phrether Own M. D.
Registrar.	(Address) Westerwista, Ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- i	Example II	}
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		GARBORN	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
(I) supplied to			
			<u> </u>

MARGIN RESERVED FOR BINDIN

V. S. No. 1

1. PLACE OF DEATH	OF MARTL	_AND—	CERTIFICATE OF DEATH 00340
County 10 arrol			Registration Dist. No. 76
	ranes Trables		
Village or City A Oceans	wind of and	(If	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residanca in city or lown	whare death occurred	yrsmos	ds. How long in U.S. If of foraign birth?yrsmosds.
2. FULL NAME Mallu	4 D. OS 0	gan	
(a) Residence: No.	6	1	St., Ward.
	(Usual place of ab		If nonresident give city or town and State
PERSONAL AND STAT			MEDICAL CERTIFICATE OF DEATH
Male White	5. SINGLE, MARRIED OR DIVORCED FOR		21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorcad HUSBAND of			22. I HEREBY CERTIFY That I attended decased from
(or) WIFE of	inkusius	W	22. I HEREBY CERTIFY. That I attended decased from
		1858	I last saw h and alive on Derro. 18 19.33; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Mont	hs Days	If LESS than	to have occurred on the date steted above, et. 7m.
75-	1	day,hrs. rmin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance warg as follows:
8. Trada, profession, or perticular kind of work dona, as SPINNE	R. Farmer		chronic Valvular Heurs Eller G.
SAWYER, BOOKKEEPER, etc	amo		(mitral + acrtis Regussition) 14
work was done, as SILK MILL, SAW MILL, BANK, atc.			
Kind of work done, as SPINNE SAWYER, BOOKKEEPER, etc 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Oate dacaased last worked et this occupation (month end year)	11. Total tima (spent in occupation	this	
12. BIRTHPLACE (city or town) Cold	ama Co.	pa.	Other Cantributory Canses of importance:
13. NAME Wm. B	raan	-80-11	
E	Prome Co.	pa.	Neme of operation. Data of
14. BIRTHPLACE (city or town)	201115		What test confirmed diegnosis? Classical Was there an autopsy?
15. MAIOEN NAME AS 1	trown harin	hette	23. If daath was due to axternal causes (VIOLENCE) fill in also tha following:
15. MAIOEN NAME 16. BIRTHPLACE (city or town)	Pa	-	Accidant, suicide, or homicida? Date of injury 19
Stata or country)			Whara did injury occur?
17. INFORMANT Earl S	alty	md.	Spacify whether Injury occurred in I ROUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0	1700.	Manner of injury
Pla ittlestown	Pa. Date Jan	7 ,1933	Nature of Injury
19. UNOERTAKER Bankae	of for		24. Was diseasa or Injury in any way ralated to occupation of deceased?
(Addiass) Kestmin	notes m	a. ()	If so, spacify
20. FILED / 20, 19 3-3	flucas	www.	(Signed)
		Registiar.	(Address)

CEDTICIOATE OF DEATH

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	- I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of of importance were as	death and related causes follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	158 3 1323	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear		1 rocek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	GEARIES	3 days ogo
Other contributory causes of importance:		Other contributory caus	ses of importance:	
Gollstones	Moy 1,1923	Gastroenteritis		1 year

			-
			Fast

PHYSICIANS should state TRECORD. Every item of inforof OCCUPA. Exact statement AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. WITH UNFADING INK-THIS IS A PERMANE MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. mation should be carefully supplied. N. B.-WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	82-0
County Carroll 1	A Registration Dist. No. 90
Village or City Mell thudson	No. St., Ward
Length of residence in city on town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
12 7	S and a c
2. FULL NAME THE ALL	Jours I
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX A COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If marriad, widowed or divorced HUSBAND of (or) WIFE of Lynned Min M. Boone	22. I HEREBY CERTIFY That I attended deceased from
6. DATE OF BIRTH (month, day, and year) 19 1866	last saw h. W. alive on January 10 1, 19 33, death is seld
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2 Pmm.
66 11 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	arterio Sclerosio Date of oneet
kind of work done, as SPINNER, Housekeeper	Cerebral Hemarchan Jan, 9-3
Rind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Intustry or business in which Work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	7 7 1
10. Date deceased last worked at this occupation (month and year)	1
12. BIRTHPLACE (city or towny Mysoy ville tree	Other Coatributory Causes of importance:
(State or country)	<i></i>
13. NAME HOWAS & MALENTE	
14. BIRTHPLACE (city or town) (Stata or country)	Nama of operation Date of
	What test confirmed diagnosis? Was there an autopsy? ILQ
E On A	23. If death was due to axternal causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide?
S 16. BIRTHPLACE (city or town) (Stata or country)	Where did injury occur?
17. INFORMANT Martles Aconglinus (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Ligan of Cem Date AM 14,1933.	Natura of injury
19. UNDERTAKER & A Harrister 1	34. Was disease or injury In any way related to occupation of deceased?
(Address) (New Massall	If so, specify
20. FILED Jan (1933 Erreu & Benedict Lord Registrar.	(Signad) July Window MD.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimere, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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Example 1	li li		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	BUREAU V. S.	1 week ago
Chronie interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	5001 9 823	3 days ago
			RECEIVED	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state item of infor-Exact statement of OCCUPA-N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every CAUSE OF DEATH in plain terms, so that it may be properly classified. MARGIN RESERVED

FOR BINDIN

V. S. No. 1

1. PLACE OF	1.			(82-0C)		()(1342
County Le	arroll				Registration D	Dist. No. 8	(,
Village or Ci	a Union	Bridge	No			St	War
Length of resid	ence in city or town where	death occurred B. J. yrs		curred in a hospital or inst ds. How long in U.S. i			
2. FULL NAN	NE devi	a Borr	w				
(a) Residenc	e: No. Sas	(Usual place of abode)	St,	Ward.	If nonresident a	rive city or town and	d State
PERSON	AL AND STATIST	ICAL PARTICULAR	5	MEDICAL	CERTIFICATE	OF DEATH	
male 16 married widow	4. COLOR OR RACE Black,	5. SINGLE, MARRIED, WID OR DIVORCED (write the	WED, 21. D	ATE OF DEATH	Month)	20 %/ (Day)	, 193 3 · (Year)
5a. If married, widowe HUSBAND of (9r) WIFE of	Florence.	H. Bown	22.	IHEREB	YCERTIFY	, That I attended	
6. DATE OF BIRTH (r	nonth, day, end veer) 1	180-8-2	I last :	aw h. Loon aliva on	Jan	18 193 7	, 19 & : daath is se
7. AGE Year			S than to hav	e occurrad on the date st	atad above, at / 1.05		
53	- 1 5	2 1 day,	min. The P	RINCIPAL CAUSE OF DE	ATH end ralatad causa:	s of importance	1-
kind of we	sion, or particular ork dona, as SPINNER BOOKKEEPER, etc.	um Labor	~, ·····	Par	olyse	-2	Date of ons
9. Industry or b						*************	abon
10. Date deceased this occupy yaar)	d last worked at etion (month and	11. Total time (years) spent in this occupation					
12. BIRTHPLACE (city (State or count		el la	Other	Coutributory Causes of in	nportance:		
13. NAME	Unkul	~~					
14. BIRTHPLACE	(city or town)		Nama	of operation		Date of	
1 (State of C				ast confirmad diagnosis?.			autopsy?
15. MAIDEN NAM	E X Malia	Bown	₹, 23. If do	eath was due to extarnal (causes (VIOL ENCE) fill	in also the following	g:
15. MAIDEN NAM		Hums	Accida	nt, suicide, or homicide?.	D	ata of injury	, 19
17. INFORMANT 2	in. Florence	- Jt. Bown		did injury occur? y whether injury occurred	(Specify city or I In INDUSTRY, In HON	own, county and Sta ME, or in PUBLIC PL	te) .ACE.
(Address)	ON, OR REMOVAL	tous Janie 223	/ Manne	er of injury	***************************************		
19. UNDERTAKER	Com, Mu Hindiel	pare A	24. Was	e of injury	way ralatad to occupat	tion of decaased?	m
20, FILED 24.2	· -1) W	Echman		Signad)	thingg		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example-1	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDIA

FOR

RESERVED

MARGIN

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 3 1933			
Other contributory causes of importance:		Other contributory causes of importance:	•=
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE :	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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should state T RECORD. Every item of infor-Exact statement of OCCUPA-PHYSICIANS stated EXACTLY. properly classified. WITH UNFADING INK-THIS IS A PERMAN TION is very important. See instructions on back of certificate. should be pe CAUSE OF DEATH in plain terms, so that it may AGE mation should be carefully supplied. N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDIN

V. S. No. 1

STATE	OF MAR	YLAND-	CERTIFICATE OF DEATH	344
1. PLACE OF DEATH		-	97)	O X X
County Carral	4		Registration Dist? No.	125
Village or City Nu See	eaille		Not price feel state Hon	2 Reward
Length of residence in city of town w	hare death accurred	Tyrs 9 mos	death occurred in a hospital or institution, give its NAME instead of street and n	
	The deeth occurred	73	yis.	5
2. FULL NAME CLE	h m	are	ammed P	22.
(a) Residence: No. / /	(Usual place	of abode)	Ward. Wallensty /	State
PERSONAL AND STAT	ISTICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACI		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH accessed 23 (Month) (Day)	, 193 3 (Year)
id. If merried, widowed, or divorced HUSBAND of (or) WIFE of			22, 1 HEREBY CERTIFY. Thet I attended,	deceased from
			Upe a 7 , 10 2 3, to face , a y	, 19 B
6. DATE OF BIRTH (month, day, end yeer)	Mov. 4.	1856		; death is said
AGE Yeers Month	ns Deys	If LESS then I day,hrs.	to have occurred on the date steted ebova, at	
76 2	. 9	ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:	Data of onset
8. Trede, profession, or particular kind of work dona, es SPINNE	i. na	11		
kind of work dona, es SPINNEI SAWYER, BOOKKEEPER, etc			Janes De Janes Comment	101
CAW MILL DANK oto			Security Security	1-7-1-
Date decessed last worked et this occupetion (month end	11. Total ti	ime (yeers) nt in this		
year)	OCCU	rpetion	Other Coutributory Causes of importence:	
2. BIRTHPLACE (city or town)	regeau	A	N. P.	
(State or country)	AP.		Temula Raccay	18 X
13. NAME Novely 14. BIRTHPLACE (city or town).	aremu	mer		
14. BIRTHPLACE (city or town). (State or country)	ruseau	-4	Name of operation Dete of	
	Q it		What test confirmed diagnosis? Was there an a	
	· v in m	er.	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following	
16. BIRTHPLACE (city or town)	cuina .	4	Accident, suicide, or homicide? Date of injury	, 19
7. INFORMANT Saspita (Address)	il Rec	sids,	Where did Injury occur? (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLA	iCE.
18. BURIAL, CREMATION, OR REMOVAL	L. Dato Jane	٠ 25 ، 33	Manner of injury	
19. UNDERTAKER And Address)	Cook	md.	24. Was disease or Injury in any way releted to occupation of deceased?	
20. FILED Jeen 23, 19.33	Mary	Heed Registrar.	(Signed) Maria M. Role (Address) Sysperville M.	M. C
If	more blanks are needed, a	ddress State Registrar.	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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		CEO EN L		
		w.		
Other contributory causes of importance:		Other contributory causes of importance:	6.1	
Gallstones	May 1,1923	Gastroenteritis	1 year	

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V. S. No. 1

1	. PLACE OF DI				CERTIFICATE OF DEATH	0345
	County Carr			ored Bran	ch) Registration Dist. No. 74	Warr
2		In cily or town where		yrsmos	death-occurred in a hospital or institution, give its NAME instead of street an	
2	(a) Residence: N	o. Cambrid	ge, Md.		St., Ward. Cambridge, Md If nonresident give city or town a	and State
attivitati	PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
		olor or RACE	5. SINGLE, MA OR: DIVORC	RRIED, WIDOWED,	21. DATE OF DEATH Jose . (Oay)	, 1933. (Year)
a.	If marriad, widowed, or HUSBANO of (or) WIFE of	divorced			22. i HEREBY CERTIFY. That I ettand May 4, 1932 19 to Jan, I, I	
. 1	DATE OF BIRTH (month	day and year) Ja	n,29, I	913.	im Ton T TOKK	; death is sa
7. /	AGE Years I 9	Months II	Deys 2	If LOSS than I day,hrs. ornin.	to have occurred on the dete stated above, at	Oate of onse
	8. Trede, profession, kind of work d SAWYER, BOOM	KEEPER, etc.	Labor			
OCCUPATION	work was dona SAW MILL, BA To. Oata dacaasad last this occupation	, as SILK MILL, NK, atc	Unkno	time (years)	Pulmonary Tuberculosis	lich 1932
	BIRTHPLACE (city or to (State or country)	Нос	persvil ryland	rupation	Other Coatributory Causes of Importance:	
L'A	13. NAME	Josep	ph Cephu	lS		
FATH	14. BIRTHPLACE (city (Stete or count		olden Hi Maryland		Neme of operation Date o	NT
17.	15. MAIOEN NAME 16. BIRTHPLACE (city (Stete or count (Address))	or town) Hocolry) I	persvil aryland vinej ryton, f	le,	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Oats of injury Where did Injury occur? (Specify city or town, county and Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC	, 19 Stato)
18.	BURIAL, CREMATION,		do	Jereck's	Manner of injury	
19.	UNDERTAKER HO	look A	Vocla	al and	24. Was disease or injury in ony wey related to occupation of deceased? If so, specify	No
20.	FILEO I/I/33	., 19 Dep	Men G	O'Will Coll Registrar.	(Signed) Flux Olla (Address) Henryton, 11d.	ell- m.

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Cerebral hemorrhoge FB 3 1933	July 5,1927	Peritonitis	3 days ago	
BUREAU V.S.			4	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1 N. B.—V

STATE OF MARYLAND—CERT	IFICALE	OF I	JEATH
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00346

1. PLACE OF DEATH		(93-2)	The same of the sa
County 6 grade		Registration Dist. No	24/4
Village or City Sykesu		No Springfield State Hosp.	St. Ward
	- L (II	death occurred in a proportal or institution, give its NAME indead of street	eet and number)
Langth of residance in city or fown where deat	h occurred yrs mos	ds. How long in U.S. if of foreign birth?yrs	ds.
2. FULL NAME Unnie	L'annette		
(a) Residence: No. /6/	I sellamont St	St., Ward.	
	/ (Usual place of abode) /	If nonresident give city or to	
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEA	TH
Jemale White 5.	OR DIVORGED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 <u></u> (Year)
5a. If married, widowed, or divorced	1	(month) (boy)	(1641)
HUSBAND of (or) WIFE of	0	22. I HEREBY CERTIFY. That tat	Itended deceased from
6. DATE OF BIRTH (month, day, and year) The	ay 31, 1847	I last saw Wer alive on San 120 , 1	9 33; daath Is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at 6 - p.m.	
85 7	18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of important ware as follows:	4
8. Trada, profession, or particular	11		Oata of onsat
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Vausework	Myscardial Segeneration	Years.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	and la william		
SAW MILL, BANK, etc	The Jamurela.		
o this occupation (month and yaar)	11. Total time (years)		
B . + .	- Godapation	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) Jalus	nore	0.,	
(State or country) mar	yland	6 pilepsy	65 yrs.
13. NAME Louis Danne 14. BIRTHPLACE (city or town) Balto	ettel	V V	0
14. BIRTHPLACE (city or town)	•	Name of operation Da	ite of
(State of country)	d.	What tast confirmed diagnosis? Was the	ere an autopsy?
15. MAIOEN NAME Elizabeth	1 / Drakening	23. If death was due to external causes (VIOLENCE) fill in also the fo	ollowing:
15. MAIOEN NAME & ligabeth 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town)	to.	Accidant, sulcida, or homicida? Oata of Injury	, 19
(State or country)	id.	Whare did injury occur?	
17. INFORMANT (Niece) miss mil	licent Dannettel	Specify city or town, county a Specify whether Injury occurred in INOUSTRY, In HOME, or in PUB	LIC PLACE.
(Addrass) 1617 Ellamon	t St. Balto. nd.		
18. BURIAL, CREMATION, OR REMOVAL	0- 01 00	Mannar of injury	***************************************
Place & and and	Date	Nature of injury	
19. UNOERTAKER OF foed	ens Non	24. Was disease or Injury in any way related to occupation of deceas	ed? . 70 ·
(nudless)	o aca	If so, spacify	
20. FILEO Jan 19 , 19.33 CS4	any/reev	(Signed) Struck Williams at	M. O.
	Registrar.	(Address) 3-2. It offsulat 34 out	2004-1-11

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The state of the s			
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Gallstones	May 1,1923	Gastroenteritis	1 year

00347

Registration Dist. No. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) In where death occurred of yers mos. As How long in U. S. If of foreign birth? (Usual place of abode) ATISTICAL PARTICULARS (Month) (Month) (Day) (Yeer) 22. 1 HEREBY CERT FX. That ettended deceased from your place of the place of th			
A where death occurred	L .	(186°a) Registration Dist. No. 82	
Incorrected in give city or town and State	/ O, (If	death occurred in a hospital or institution, give its NAME instead of street and number)	
Claus place of abode	row D. Dorsey		
21. DATE OF DEATH 22. I HER EBY CERT I FY Lat I ettended decessed from (Yeer) 23. I HER EBY CERT I FY Lat I ettended decessed from Low		St., Ward. If nonresident give city or town and State	
OR BHOREED (write the word) The REBY CERT I FY That I ettended deceased from (Weer) The REBY CERT I FY That I ettended deceased from 1933, to 193	ATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	_
I lest sew h. M. elive on J. o. 1933. to J. o. 1933. deeth is seld to heve occurred on the dete steted above, at 71 J. m. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: Onter Contributory Causes of importance: Other Contributory Causes of importance: Other Contributory Causes of importance: Name of operation. Dete of Mat lest confirmed diagnosis? Was there on europsy? 23. If deeth was due to externet ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Acci	OR DIVORCED (write the word)	Jany = 78 = 1933.	
If LESS then I dey. hrs. or. min. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: The PRINCIPAL CAUSE OF THE ACCUSE OF THE AC	the Dosey.	1 /0 7/ 22 . /2 3 C- 3:	rom 3
The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were as follows: NER, Murchand II. Total time (years) spant in this occupetion Other Contributory Causes of importance: Name of operation What test confirmed diagnosis? Was there en europsy? 23. If deeth was due to externel ceuses (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or h	1851-3-119	I lest sew h. M. elive on Jan L. S. 1933; deeth is a	seld
Name of operation. Next between one of the operation of the operation of deceesed? Name of operation. Name of operation. Next between one operation. Next between operation. Next between one operation. Nex			
In the state of th		were as follows:	set
11. Totel time (years) spant in this occupetion Other Contributory Causes of importance: Transland Name of operation Name of operation What test confirmed diegnosis? Was there en eu'opsy? 23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Accident, suicide, or homicide? Where did injury occurr? Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Menner of injury Attraction Menner of injury Attraction Actual Menner of injury Actual Actual Menner of injury Actual Actual Menner of injury Actual Ac	NER, Merchant.		
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Nature of Injury 24. Was disease or injury in any way releted to occupetion of deceesed? If so, specify (Signed) Registrar. (Address) Nature of Injury (Address)	learnelles. manyland-	23. If deeth was due to externel ceuses (VIOLENCE) fill in also the following: Accident, suicide, or homicide?	
16 ml. If so, specify (Signed) Jauley Friday m. D. Registrar. (Address) Mauley Friday m. D. (Address) Mauley Friday m. D.	Questo Jany 31= 1933.		1
	M. D. Dery der Registrar.	(Signed) Janley Franky M. (Address) Manley Franky M.	4

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	T I	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
AURIEAN TO			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	3.—WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	T RECORD.	LY. PHYS	. Exact sta	
BINDIN	PERMANE	EXACTI	ly classified.	ate.
FOR	SISA	stated	proper	certifica
RESERVED	G INK-THIS	GE should be	that it may be	ins on back of
MARGIN RESERVED FOR BINDING	TH UNFADIN	lly supplied.	plain terms, so	TION is very important. See instructions on back of certificate.
•	LAINLY, WI	uld be careful	F-DEATH in 1	ery important.
T	-WRITE I	nation sho	CAUSE OI	TION is ve
No.	00			

	. PLACE OF DEA		MARY	LAND-	CERTIFICATE OF DEATH Derculosis Sanatorium	348
-	County Carro		7,2000 0,		red Branch Registration Dist. No. 74	
	Village or City He		ra			Ward
				(If	ND. (ADOVE) St., death occurred in a horpital or institution, give its NAME instead of street and no	mber)
				yrs,mos	27 ds. How long in U.S. if of foreign birth?mos	ds.
2	(a) Residence: No.			Balto.	, Ist., • Ward. If nonresident give city or town and S	Mate
	PERSONAL AI	ND STATISTIC	AL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
		or or race 5.		LED, WIDOWED, (write the word)	21. DATE OF DEATH Jan., 29, 1933 (Month) (Day)	193 (Yoar)
5a.	If married, widowad, or div HUSBAND of (or) WIFE of	vorced			22. I HEREBY CERTIFY. That I attended do Dec., 2, 1932, 19 to Jan., 29, 1	9,33
6.	DATE OF BIRTH (month, d	ay, and year) NO	v., 14	1913	last saw her alive on Jan., 29, 193319	death is said
7.	AGE Years	Months	Days	If LESS than 1 day, hrs.	to have occurred on the data stated above, at 5.35	
	19	2	15	ormin.	The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:	Date of onset
OCCUPATION	8. Trade, profession, or kind of work done SAWYER, BOOKKE	eper, etc. Do	mestic		Pulmonary Tuberculosis	
UPA	9. Industry or business work was done, as SAW MILL, BANK	SILK MILL, Un	known			June 1932
000			11. Totel tir span octul	ne (years) t in this pation UNKNOV	n	T300
12	, BIRTHPLACE (city or town (State or country)	Tinlenow	n		Other Contributory Causes of importance:	
ER	13. NAME	Willia	m Dorse	ey		
FATHER	14. BIRTHPLACE (city or (State or country)				Name of operation Date of What test confirmed diagnosis? O Was there an au	o Ma
ER	15. MAIDEN NAME	Sally	Simms		23. If deeth wes due to external causes (VIOLENCE) fill in also tha following:	
MOTHER	16. BIRTHPLACE (city or (State or country)				Accident, sulcide, or homicida? Date of injury Where did Injury occur?	
17		n E. O'Ne ryton, Ma			(Specify city or town, county and State Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18	BURIAL, CREMATION, OR		Date 1/2	9/ 19 33	Manner of injury	
19	UNDERTAKER MA	mer E. (Tump	hyy	24. Was disease or Injury In any way related to occupation of deceased?	no
20	FILED 1/29/33	, 19	w 6. C	Mede Registrar.	(Signad) (Address) The College of th	allim. D
C-ST-		Oputy If more bla	inks are needed, a	ddress State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 3 1935			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
•	ENT RECO	TLY. PH	ed. Exact	
R BINDIA	A PERMAN	ed EXAC	perly classifi	ficate
RVED FO	THIS IS	uld be stat	nay be prol	ack of certi
MARGIN RESERVED FOR BINDIN	ADING INK-	d. AGE sho	s, so that it n	N is vory important See instructions on back of certificate
MARG	WITH UNF.	fully supplie	n plain terms	The Soo inct
•	PLAINLY,	ould be care	F DEATH !	grown imports
T)	RITE	ion sh	USE	N io

			CERTIFICATE OF DEATH culosis Sanatorium	0.00
1. PLACE OF DEATH	Maryla		red Pranch 23	349
County Carroll		00.10	Registration Dist. No. 74	
Village or City Henryton,		e (If	ND. (&bove) St, death occurred in a hospital or institution, give its NAME instead of street and it	
Length of residence in city or town where o	leath occurred	yrsOmos	. 10 ds. How long in U.S. if of foreign birth?yrs me	osds.
2. FULL NAME Charity			MILLION AND ADDRESS OF THE PARTY OF THE PART	
(a) Residence: No. 1401 N.	Mount S	t., Balt	o st., Md . Ward.	
PERSONAL AND STATIST			If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR OR RACE	5. SINGLE, MARR		21. DATE OF DEATH	
Female Colored		(write tha word)	Jan., 30, 1933 (Month) (Day)	, 193 (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY, That I attanded	daceasad from
(or) WIFE of			July, 20, 19329 to Jan., 30,	
6. DATE OF BIRTH (month, day, and year)	ov., 20,	1902	liast saw h.er aliva on Jan., 30, 19339	_; death is said
7. AGE Yaars Months	Days	If LESS than	to have occurred on the data stated above, at 9.00 P.M.	
30 2	10	1 day,hrs.	Tha PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	Domestic		Pulmonary Tuberculosis	Date of offset
I Industry or business in which	Unknown			April
1D. Date decaased last worked et this occupation (month appn Knor year)	WIN Spant	ne (years) t in this nknow pation	'n	1931
12. BIRTHPLACE (city or town) Mechi (State or country) Mary	anicsvil		Other Contributory Causes of Importanca:	•
	k Dyson			
	anicsvil	le	Name of operation	0
	gie Bris	coe	What test confirmed diagnosis? Q. Was there an a	
E No oh	anicsvil		23. If death was dua to external causes (VIOLENCE) fill in also the following Accident, suicide, or homicide?	
State or country) 16. BIRTHPLACE (city or town). Marv			Whate did Injury occur?	, 13
17. INFDRMANT John E. O'N (Address) Henryton. M	9	D.	(Specify city or town, county and Stall Specify whather injory occurred in INDUSTRY, in HDME, or in PUBLIC PL	te) .ACE,
18. BURIAL, CREMATION, OR REMOVAL	140101	10 well fril	Mannar of Injury	
Court alymphy	Data O	,19.	Natura of injury	
19. UNDERTAKER Aut Cub	www	TobL	24. Was disease or injury in any way related to occupation of decaased?	no
20. FILED 1/30/33, 19	ty Local	Mill Registrar.	(Signed) The 6 O Men	1 M.D
			2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	/

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1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	of importance were as follows: Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis Other contributory causes of importance:

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURWAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 8
Village or City Zulla da	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
9 24	yrsmosgs.
2. FULL NAME Laurg Cesselr	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Prize the word) 5e. It married, widowed or divorced HUSBAND of HU	21. DATE OF DEATH (Month) (Day) (Year)
6. DATE OF BIRTH (month, day, end year) Oct 17 1862	1 HEREBY CERTIFY. Thet I attended deceased from July 1933, to Jaw 5, 1933 That saw h. 17 elive on Jaw 4, 1933; death is said
7. AGE Years Months Days If LESS than 1 dey, hrs.	to have occurred on the date stated above, at. 3 - A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	were as follows: Date of onset
SAWYER, BOOKKEEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this recruipment and this recruipment and spent in this security.	Tana a
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town). It rearies (State or country)	Other Contributory Couses of importance:
13. NAME Jerry Carles 14. BIRTHPLACE (city or town) Hyredrick Co	Neme of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MARGARE MERCH	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME 16. BIRTHPLACE (city or town) 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of Injury19
E (State or country)	Where did Injury occur?
17. INFORMANT Claud & Explexity (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place fantil by Date fan 7,1933	Nature of Injury
19. UNDERTAKER XXX FAMILY (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan. 57, 1933, Lichnyn Registrar.	(Signed) Surgan (2015) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

11/1251

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes f importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
rteriosclerosis	1915	Attack of epilepsy	1 week ago
hronic interstitial nephritis	1921	Run over by street car	1 week ago
erebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		Total Vision	
ther contributory causes of importance:		Other contributory causes of importance:	
allstones	May 1,1923	Gastroenteritis	1 year
allstones	May 1,1923	Gastroenteritis	

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.—WRITE PLAINLY, WITH UNFADING INK—I'HIS IS A FERMANGET RECORD. EVERY ITEM OF MION-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
				-1

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?_____yrs_____mos.____ds. Length of residence in city or town where death occurred 2. FULL NAME Ward (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED 21. DATE OF DEATH OR DIVORCED (write the word) (Month) (Day) (Year) 5a. If married, widowed, or divorced **HUSBAND** of 1 HEBEBY CERTIFY That I attended deceased from (or) WIFE of 19:33 ; death is sald 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Months Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month end spent In this occupation_ year) _____ 12. BIRTHPLACE (city or town) (State er country) FATHER 13. NAME 14. BIRTHPLACE (city or town Name of operation___ (State or country) What test confirmed diagnosis?____ Was there an autopsy?__ MOTHER 15. MAIOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______, 19_____ 16. BIRTHPLACE (city or town). (State or country Where did injury occur?__ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNOERTAKEN (Address) If so, specify (Signed) 20. FILED... Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Disample 1	i i		Example 11	
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Arterioselerosis	1915	Attack of epi	lepsy S A A Rage	1 week ago
Chronic interstitial nephritis	1921	Run over by s		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	6 523	3 days ago
			CE ISOES	
Other contributory causes of importance:		Other contr	ibutory causes of importance:	
Gallstones	May 1,1923	Gastroenteriti	8	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDIN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00353
1. PLACE OF DEATH	
County Carroll	Registration Dist. No. 73
Village or City Janey lown	No. St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mr. Dirnie 9. Feesle	1
	St., Ward,
(a) Residence: No. (Could place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Day) 7. 193 3 (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WHEE of Barbara Sleasle Sun	22. I HEREBY CERTIFY, That i attended deceased from
6. DATE OF BIRTH (month, day, end year) Left 28, 1872	1 lest saw harman alive on 19 3; death is said
7. AGE Yeers Months Deys if LESS than	to have occurred on the date stated ebove, at
60 3 20 1day,hrs.	the PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
9 Trade profession or particular	0/1/30/1/3 3
Industry or business in which work was done, as SILK MILL,	
SAW MILL, BANK, etc	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E D	
14. BIRTHPLACE (city or town)	Name of operation Date of
15. MAIDEN NAME Julia, Litzer	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Julia Litter 16. BIRTHPLACE (city or town) (Stete or country)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mars. Brime 9: Deeser (Address) 2 and Home me	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, EREMATION, OR REMOVAL PIACE THE JAN 20, 1933	Manner of Injury
19. UNDERTAKER COLOMBON STANSON MIL,	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED SM: 19. 1933 March 3. With Registrar.	(Signed) M. D.
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting 71 S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

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MARGIN RESERVED FOR BINDIN

V. S. No. 1

	CERTIFICATE OF DEATH 00355
1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City Sylversiale, MP	No. Formalield State Harvetty Ward f death occurred on a hospital Assitution, give its NAME instead of street and number)
Langth of rasidence In city or town where death occurredyrsamos	s. 2 5 ds. How long in U.S. if of foreign birth?,mos ds.
2. FULL NAME Felter, Sucy	() (SA
(a) Residence: No. 4225 - 30 St - Mt Rown (Usual place of abode)	west Mg Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH Samuary 26
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of Scare Feller	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and yaer) lunknown	I last saw h_er_alive on_Januare 25, 19.35; death is said
7. AGE Yaars Months Oays If LESS than	to have occurred on the date stetad abova, at 6:304m
۹۵ ا day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	ware as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Cerebral anteriordenois 1920.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Id. Oate daceasad last worked at this percent in the second	
Oate dacaesad last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Notolk	Other Contributory Causes of importance:
(State or country) Organica	CO - CO O T.
I 13. NAME Ramsay Noray	Chronic Cholecystatio
14. BIRTHPLACE (city or town)	Name of operation Date of
14. BIRTHPLACE (city or town) (State or country)	What test confirmed diagnosis? Was there an autopsy?
IS. MAIOEN NAME	23. If death was due to external causes (VfOL ENCE) fill in also the following:
15. MAIOEN NAME 16. BIRTHPLAGE (city or town)	Accident, suicida, or homicide?
O 16. BIRTHPLACE (city or town) (State or country)	Whare did injury occur?
17. INFORMANT Hospital Records	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Addrass) 18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Fallet Lincoln Cena. Oate Jan 29, 19.33	Manner of Injury
19. UNDERTAKER I Gaselis Sous	24. Was disease or injury in any way ralated to occupation of decaased?
20. FILED Jun No. 19. 33 Charry Heer	(Signad) M. Dorgenia Bayer M. D.
Registrar.	(Address) Systemalle MP

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH item of infor OCCUPA 1. PLACE OF DEATH plnods Registration Dist. No. Village or City 3 No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? ______yrs. _____mos.____ds. statement 2. FULL NAME MUSS RECORD. (a) Residence: No. If nonresident give city or town and State Usual place of abode PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (agrice the word) (Day) 5a. If married, widowad, or divorced HUSBAND of 22. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year) certificate. 7. AGE Years Days to have occurred on the date stated above, at X Months If LESS than 1 day, _____hrs. The PRINCIPAL CAUSE OF DEATH and related cause of Importance or____min. 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc ... may back 9. Industry or business in which should work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation _. 12. BIRTHPLACE (city or town) (Stata or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) Name of operation. (State or country) carefully What test confirmed diagnosis? __. MOTHER 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accidant, suicide, or homicide?______ Data of injury_____ 19_ DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?__ be (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. 7. INFDRMANT bluods OF 18. BURIAL, CREMATION, DR REMOVA Manner of Injury WRITE CAUSE mation LION Nature of injury 24. Was disease or Injury In any way related to occupation of decaased? (Address) If so, specify Registrar. (Address)

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Date of onset.

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Other contributory causes of importance:		Other contributory causes of importance:	
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	-		and the second

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH pluoda County Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where deeth occurred How long in U.S. if of foreign birth?_____yrs.____mos.___ statement (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX-74. COLOR OR SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH DIVORCED (write the word) 5a. If married, widowed, or divorced CERTIFY. Thet t ettended dacaased from BINDI (or) WIFE of 6. DATE OF BIRTH (month, day, end yeer) 7. AGE Years Months Days If LESS then to heve occurred on the date steted above, at 1 1 dey, hrs. The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence 8. Treda, profession, or particular NO kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED Jo may Industry or business in which work wes dona, as SILK MILL, SAW MILL, BANK, etc 10. Deta deceasad lest worked et 11. Totel time (yeers) this occupation (month and spent in this occupation __ instructions MARGIN 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME See 14. BIRTHPLACE (city or town) Nama of operation. (Stete or country) carefully Whet test confirmed diagnosis? ___. MOTHER 15. MAIDEN NAME important 23. If deeth was due to externet ceuses (VIOLENCE) fill in elso the following: in Accident, suicide, or homicida?_____ Date of injury_____ 19____ 16. BIRTHPLACE (city or town)_ (Stete or country) Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. 17. INFORMANT shoul (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury -WRITE mation LION Neture of injury 24. Wes disease or injury In any way releted to occupetion of deceesed?___ 19. UNDERTAKER (Address) If so, specify Registrar.

V. S. No. 1

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Date of onset

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		10000	
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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA-1. PLACE OF DEATH plnods Registration Dist. No item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number; Length of residence in city or town where deeth occurred How long in U.S. If of foreign birth? statement PHYSICIAN RECORD. (a) Residence: Nos (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, WARRIDD, WIDOWED, OR DIVORCED (windthe word) 21. DATE OF DEATH (Month) (Day) (Yeer) 5a. If married, widowed, or divorced HUSBAND of CERTIFY. Thet i attended deceased from (or) WiFE of 6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months if LESS than Davs to heve occurred on the date stated 1 dey, hrs The PRINCIPAL CAUSE OF DEATH and releted causes of importance or____min_ Date of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, jo SAWYER, BOOKKEEPER, etc. may 9. Industry or business in which plnous work wes done, as SILK MILL, SAW MILL, BANK, etc.... 10. Date deceased lest worked at 11, Total time (yeers) this occupation (month and spent in this occupetion instructions Contributory Causes of importance 12. BIRTHPLACE (city or town (State or country) FATHER plain 14. BIRTHPLACE (city or town). (State or country) carefully MOTHER important. 15. MAIDEN NAME 23. If death was due to externel causes (VIOLENCE) fill in also the following: OF DEATH 16. BIRTHPLACE (city or town (State or equatry) Where did injury occur?___. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 7 17. INFORMANT shoul (Address) 18 BURIAL, CREMATION, OR REMOV Manner of injury WRITE CAUSE mation Nature of Injury LION 24. Was diseese or injury in any way releted to occupe tion of deceased? 19. UNDERTAKER (Address) If so, specify 20, FILED Registrar. (Address) If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	Mgy1,1923	Other contributory causes of importance: Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH OCCUP 1. PLACE OF DEATH Registration Dist. No. County Village or City Je (If death occurred in a hornital or institution, give its NAME, instead of street and number) ds. How long in U.S. If of foreign birth? vrs. mos. ds. Length of residence in city or town where deeth occurred statement 2. FULL NAME Ward (a) Residence: No. RECORD. If nonresident give city or town and State (I laugh place of shode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 21. DATE OF DEATH 3. SEX 4 COLOR OR BACE 5. SINGLE MARRIED, WIDOWED. OR DIVORCED (write the word) 193 3 (Month) (Year) assified. 5a. If married, widowed, or divorced HUSBAND of CERTIFX That I attended deceased from (or) WiFE of 6 6. DATE OF BIRTH (month, day, end year) If LESS than to have occurred on the date stated above, at properi 7. AGE Vears Months Days 1 day. ___hrs. The PRINCIPAL CAUSE OF DEATH and releted causes of importance or ____ min were as follows: Date of onset 8. Trede, profession, or particular kind of work done, as SPINNER, NO SAWYER, BDDKKEEPER, etc. OCCUPAT may Industry or husiness in which back plnods work was done, as SILK MILL SAW MILL BANK, etc ... 11. Total time (years) 10. Dete deceased last worked at this occupation (month and spant in this that occupation . vear) _____ 12. BIRTHPLACE (city or town) MARGIN (State or country) supplied. terms, 13. NAME FATHE See 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis?____ carefully 15. MAIDEN NAME 23. If deeth was due to externel causes (VIDLENCE) fill in elso the following: important in DEATH 16. BIRTHPLACE (city or town (State or country) Where did injury occur?. (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT pluods very OF (Address) 18. BURIAL, CREMATION, DR REMOVAL Menner of Injury CAUSE mation Nature of Injury LION 24. Was disease or injury in env 19. UNDERTAKER (Address) If so, specify M (Signed) 20. FILED ... (Address) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclcrosis	1915	Attack of cyclepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other centributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			1

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 near

ADDITIONAL SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 B ż

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STATE OF MA	RYLAND-	CERTIFICATE OF DEATH	361
1. PLACE OF DEATH		(CD)	
County Carroll		Registration Dist. No.	3
Village or City P. f. A. Hoolbis	ee,	NoSt	Ward
Length of residence in city or town where death occurred.		death occurred in a hospital or institution, give its NAME instead of street and u	umber)
Q y	yrsvmos	ds. How long in U.S.If of foraign birth?mo	sds.
2. FULL NAME (muson d	eroy or	mes,	
(a) Residence: No. (Usual pl.	ace of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICAL PAR		MEDICAL CERTIFICATE OF DEATH	
mel nel or DIVOR	ARRIED, WIDOWED, ICED (write the word)	21. DATE OF DEATH Jany = 10 \frac{7}{2} (Month) (Day)	193 <u>5 -</u> (Year)
HUSBAND of (or) WIFE of	V	22. I HEREBY CERTIFY. That I attended to	lecaased from
6. DATE OF BIRTH (month, day, and year) 1922-8	-9	I lest saw h aliva on, 19	; death is said
7. AGE Years Months Days	If LESS than I day,hrs. ormin.	to have occurred on tha data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER Reference SAWYER, BOOKKEEPER, etc.	(Em shot wound in	Date of onset
S. Industry or businass In which work was done, es SILK MILL, SAW MILL, BANK, etc.		head	
10. Dete deceased last worked at this occupation (month and	al time (yeers) spent in this	Occidental it by his bantles.	
12. BIRTHPLACE (city or town) Cample les	occupation	Other Contributory Causes of importance:	
(State or country) many laws	<u> </u>		
13. NAME Plassel H. Same 14. BIRTHPLACE (city or town) learnel lea (State or country) Manufacture	· · · · · · · · · · · · · · · · · · ·	Name of operation	
	271	What tast confirmed diagnosis?	
15. MAIDEN NAME Lilie M far 16. BIRTHPLACE (city or town) Larroll ((Steta or country) Manylar	20.	23. If death was dua to external causes (VIOLENCE) fill In also the following: Accidant, sulcide, or homicide? In the following: Where did injury occur? Classified Carroll County:	19, 19 33.
17. INFORMANT Russel St. Africa	us.	(Specify city or town, county and State Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
18. BURIAL, CREMATION, OR REMOVAL	nie =/4 = 45	Manner of Injury	
Place Out Date Date	1990.	Nature of injury	
19. UNDERTAKER 6. M. Half. (Address) Hinfield Med.	/	24. Was disease or injury In any way related to occupation of deceesed?	
20. FILED Jan 11 , 32 Lange M	1. Hewett	(Signed) It Berson loon	men

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To be complete, an occupation return must state:

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	Example I	}	Example II	
The principal cause of importance were a	of death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	M 1933	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU	July 5,1927	Peritonitis	3 days ago
				A
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town

20, FILED Jan 29 ... 193

(State or country)

15. MAIDEN NAME

17. INFORMANT

19. UNDERTAKER (Address)

(Address) 18. BURIAL, CREMATION, DR

(State or country)

shound

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. How long in U.S. if of foreign birth? ______yrs. _____mos._____ds. (a) Residence: Np. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, 21. DATE OF DEATH OR DIVORCED (quite the word) nance 5a. If married, widowed, or divorced I HEREBY CERTIFY, Thal I attended deceased from (or) WIFE of 1900-10 6. DATE OF BIRTH (month, day, and year) 7. AGE to have occurred on the date stated above, at 2, 30 am Months If LESS than Davs 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. Dats of onset 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc..... 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation _____ Other Contributory Causes of importance 12. BIRTHPLACE (city or town) (State or country). FATHER 13. NAME

23. if death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury______ 19 Where did injury occur?_____ (Specify city or town, county and State)

What test confirmed diagnosis?_____ Was there an autopsy?____

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

Registrar.

Name of operation

Manner of Injury

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	13	Other contributory causes of importance:	A THE
Gallstones	Moy 1,1923	Gastroenteritis	1 year
		le og	

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i i	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street ear	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset The principal cause of death and related causes of importance were as follows: Attack of epilepsy 1921 Run over by street ear July 5, 1927 Peritonitis Other contributory causes of importance:

8

1. PLACE OF DEATH	(D) P
County Carroll	Registration Dist. No. 75
Village or City Monnechester	No. St. Ward
Length of residence in city or town where death occurred & O yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME William Educa	mos
M St &	a vosefexa
(a) Residence: No. 10 Je St. Manuelles (Usualplace of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Nale White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
5a. If marriad, widowed, or divorced HUSBAND of Committee In Hosefeld	22. HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) April 7 of 1878	P I last saw h land alive on 1932 to 1933 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Bronshial asttura Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Dato deceased last worked at this recursition (month and	
Dato deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation 4.0	,
12. BIRTHPLACE (city or town) (State or country)	Other Coatributory Causes of importance:
13. NAME andrew / Hosefeld	- Chrone Bronelitis 193/
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Louise Rinefrant	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?
17. INFORMANT amil m. Horefeld	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Manchester Date Jane 16", 193	Nature of injury
19. UNDERTAKER Jacob Winks Band	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEDJan 15, 193 3 Mrs. A. P. S. Denner	(Signed) Will Degree M. D.
Registrar.	(Address) Month lest,

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Example I	1	Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		BECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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V. S. No. 1

STATE OF MARYLAND-CERTIFICATE OF DEATH

1.	16 %	0	13	Dor
0	$x \cdot x$		P.	03
U	V	17	U	W

1. PLACE OF DEATH			00000
County Carroll		Registration Dist. No. 7.6	3
Village or City Avestmana	t	W 119 40 T	Ward
	(1)	death occurred in a hospital or institution, we its NAME instead of street an	d number)
Length of residence In city or town where deat	h occurred 17 yrs 3 mos	ds. How long in U.S. If of foreign birth?yrs	mosds.
2. FULL NAME amsix.	C. Houch		
(a) Residence: No. 1 d. 9 Ju	bertz	St., Ward. If nonresident give city or town a	16
PERSONAL AND STATISTIC	(Usual place of abode)	MEDICAL CERTIFICATE OF DEATH	nd State
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
7 1 0.50	OR DIVORCED (write the word)	Jan 16	, 193.3
5a, If married, widowed, or divorced	Oridand	(Month) (Day)	(Year)
HUSBAND of the John E. H	Lough	22. P HEREBY CERTIFY, Thet I attende	ed deceased from
(a) me a che go voa c.)0		Sept 19 1932 to flam	5,1932
6. DATE OF BIRTH (month, day, and year)	18-1853		3.; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date-stated above, at 12:45A-m.	
79 3	S 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER,		asterio Selezano	1928
SAWYER, BOOKKEEPER, atc.	oul	Chronic Valvular	1923
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc. SINDUSTRICT OF THE WORK WAS done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (month end		Heart desease	
SAW MILL, BANK, etc	11. Total time (years)	Chronic pephritis	1828
this occupation (month end	spent in this		
		Other Contributory Causes of importance:	12.
12. BIRTHPLACE (city or town)	·····	Jufulnjin	Jan 2
	2 8 0	-	(833
13. NAME W CLUMN 14. BIRTHPLACE (city or town)	rough		
14. BIRTHPLACE (city or town) (State or country) Marcal		Name of operation Date of	
	and	What test confirmed diagnosis? Was there a	
15. MAIDEN NAME Que an	Lione	23. If death wes due to external causes (VIOLENCE) fill in elso the follow	-
16. BIRTHPLACE (city or town) (State or country)		Accident, suicide, or homicide? Date of injury	, 19
(State or country) mark	land	Where did injury occur?(Specify city or town, county and S	
17. INFORMANT S. S. Elevie (Address)	t md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
	tu	Manner of injury	
Place Chronin of God Chill	Date Gan 18 , 1923	- Nature of injury	
19. UNDERTAKER HB asshur	1 + Sen	24. Was disease or injury in any way related to occupation of dacaased?_	
(Address) Westview	En my d	If so, specify	2
20, FILED (- / 7 1937 775	workent	(Signed) W. Flynny Spleach	M.D.
20. FILED	Registrar.	(Address) Mentuckisally	Med.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsu 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

should state T RECORD. Every item of Infor-OK OCCUPA. PHYSICIANS Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDIN WITH UNFADING INK-THIS IS A PERMAN See instructions on back of certificate. pe AGE should be CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. N. B.-WRITE PLAI V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
	Not been full stale House, Ward death recovered in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	19 ds. How Jong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Housem	an B
(a) Residence: No. 939 Ashburton St. (Usual place of abode)	St., Ward. Waltemore, Mil If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Male white Single	21. DATE OF DEATH Au 29 (Mg/nth) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, thet I ettended daceasad from fan 25, 1933, to fan 29, 1933
6. DATE OF BIRTH (month, day, and year) finhuous 1888	I last saw h. Am alive on Jan 39, 1933, death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8 Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Status Epileptieus Jan 27, 19.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last workad at this occupation (month and	
Date deceased last worked at this occupation (month and yaar)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) Saltimore (State or country) Maryland:	Collegey Edema 1911
I 13. NAME - not known	9 //
13. NAME hat known 14. BIRTHPLACE (city or town)	Neme of operation Date of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Not known	23. If death was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Not known 16. BIRTHPLACE (city or town)	Accident, suicida, or homicide?
17. INFORMANT Hospital Records, Springfield State Stop (Address) Sykewill mid.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18 AUGAL, CREMATION, OR REMOVAL Date Jan. 31, 1933.	Manner of injury
19. UNDERTAKER John F. Denny (Address) Baltimore Tree.	24. Was disaase or injury in any way related to occupation of decaased?
20. FILED Jan 79, 19 33 CHarry Hear Registrar.	(Signad) John de Williard M. D.
Acginian	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee." "worker." "operative." etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA. T RECORD. Every item of infor-EXACTLY. properly classified. IS A PERMANE TION is very important. See instructions on back of certificate. stated WITH UNFADING INK-THIS mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY

MARGIN RESERVED FOR BINDIN

V. S. No. 1 N. B.—V

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carrolulain CORFOR THE	Registration Dist. No. 26
Village or City Westynmoster	No. 122 Perm ave St., Ward
Length of residence in city or town where death occurred 8.7 yrs.	(If death occurred in a hospital or institution, give its NAME instead of street and number) mos. 5 ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Barbra Ellen	11 11 1
	St., Ward.
(a) Residence: No. / 2 2 Perm. ave (Usual place of abode)	ot., Walu. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemale White 5. SINGLE, MARRIED, WIDOWEL	21. DATE OF DEATH (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of the Lake Jacop H. Hulling	22. I HEREBY CERTIFY. That I attended deceased from from 2. 1983 to Juny 7. 1983
6. DATE OF BIRTH (month, day, and year) July 3 1845	1 last saw h.2. alive on flow 1838; deeth is said
7. AGE Years Month's Deys If LESS th I day, ormin	hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular kind of work done, as SPINNER, PLANTING SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked et this pecuation (month and this pecuation (month and spent in this second in this seco	Cerebral Harmontage
SAW MILL, BANK, etc. 10. Date decessed last worked at this occupation (month and year) year) occupation	
12. BIRTHPLACE (city or town)	Other Contributory Causes of importence:
13. NAME David Routson	
IA. BIRTHPLACE (city or town) (State or country) Mary Cand	Name of operation Dete of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Little	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Dusch Little 16. BIRTHPLACE (city or town) (State or country) Mary Cand	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT I overgen Halling (Address) westmingto mid	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place DRANCE Date Jan (9, 19.	Nature of injury
19. UNDERTAKER A Lankard & Son (Address) Westminster md	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan. 10 , 19 33 Ja Curantum	(Signed) Christian M. D. (Address) Address) M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		TERMEDER	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		q	

00368If nonresident give city or town and State Oate of onset

----- Was thera en eutopsy?_____

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?______ Date of injury______ 19_____

(Specify city or town, county and State)

24. Was disease or injury In any way related to occupation of deceesed?.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

BIND

FOR

RESERVED

MARGIN

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Example I		1	Example Hyazaa	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	of death and related causes as follows:	Date of onset
Arlerioselerosis	1915	Attack of epilepsy	1	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	RECEIPTE	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	US/NI	3 days ago
Other contributory causes of importance:	11223	Other contributory ca	auses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

BINDIA

FOR

MARGIN RESERVED

V. S. No. 1

		STATE C			CERTIFICATE OF DEATH 00369
:	1. PLACE OF	DEATH	Mary		
	County Cal	roll		Colorec	Branch Registration Dist. No. 74
	Village or City_	Henryton,	Harylar		ND. (above) St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
		e In city or town where		yrsmos	ds How long in U.S. If of foreign birth?yrsds.
:		William			
	(a) Residence:	No.1321 N.	Carey St (Usual place	Balto (Balto	O . , St.J. Id . Ward. If nonresident give city or town and Stale
	PERSONAL	AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH
3.	SEX 4.	COLOR OR RACE	5. SINGLE, MAR	RED, WIDOWED, (write the word)	21. DATE OF DEATH
	Male	Colored	Marr	ied	Jan., 8, 1933 (Month) (Day) (Year)
5a	. If married, widowed, HUSBAND of (or) WIFE of		ena Isal	oelle	22. i HEREBY CERTIFY. That I attended deceased from Oct., 26, 1932,19, 6Jan., 8, 1932,19
6	DATE OF BIRTH (mor	th day and year)	ec., 14	. 1896	Hast saw h im alive on Jan., 8, 1933, 19 death is said
-	AGE Years	Months	Days	If LESS Man	to have occurred on the date stated above, at 12.10 m. II.
	36	0	25	1 day, hrs.	The PRINCIPAL CAUSE OF DEATII and related causes of importance were as follows:
NOI	8. Trade, profession kind of work SAWYER, BO	n, or particular done, as SPINNER, OKKEEPER, etc.	Hucks	ter	Pulmonary Tuberculosis
OCCUPATION	Industry or husiness in which		2130	July	
CUI	SAW MILL, E	ne, es SILK MILL, IANK, etc			7032
0	10. Date deceased I this occupati	ast worked et on (month audnkno	Wn Spar	me (years) nt in this nknov	WD
12	BIRTHPLACE (city of (State or country)	town) Balti	more		Other Contributory Causes of importance:
ER	13. NAME	Willi	am Isab	elle	
FATHER	14. BIRTHPLACE (ci	1) 01 1011111-1-1-1-1-1	s Wharf		Name of operation
ER	15. MAIDEN NAME	Hatti	e Campbe	911	23. If death was due to external causes (VIDLENCE) fill in also tha following:
MOTHER	16. BIRTHPLACE (ci (State or co	ty or town) Roanc	ke		Accident, suicide, or homicide? Date of Injury, 19
	(Address)	John E. O' Henryton,		1. D.	(Specify city or town, county and State) Specify whether injory occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	B. BURIAL, CREMATION			7 ,	Manner of injury
	Placa_/_/a.T.	Chustray	Date	March 2,193	Nature of injury
19	9. UNDERTAKER (Address)	In Katiely	ofder	Et.	24. Was disease er injury in any wey related to occupation of deceased? If so, specify
20	0. FILED 1/8/3		ty Loca	Meell Registrar.	(Signed) Mell M.D. (Address) Temay ton, ma
				address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, eook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of inspectance.	
Gallstones A No	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of CCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.-WRITE PLAIN

MARGIN RESERVED FOR BINDIA

V. S. No. 14

STATE OF MARYLAI	ND-CFRTIFIC	CATE OF	DEATH
------------------	-------------	---------	-------

Henryton, Mary Alve No. Leonardt LAND STATISTIC COLOR OR RACE Colored onth, day, and year) Months	rta John own, Md. (Usual place of at AL PARTICU SINGLE, MARRIEL OR DIVORCED (2 Single	yrs. 1mos. 1SON oode) LARS		ds.
No. Leonardt L AND STATISTICA COLOR OR RACE COLORed onth, day, and year) Apr	OWN Md (Usual place of at AL PARTICU . SINGLE, MARRIED OR DIVORCED (22 Single	oode)	If nonresident give city or lown and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH Jan., 12(Month) 933. (Day)	
colored 5. colored 5. cotored 7. coth, or divorced 7. conth, day, and year) Apr	AL PARTICU A. SINGLE, MARRIEL OR DIVORCED (2 Single	LARS WIDOWED.	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH Jan., 12 (Month) 933. (Day)	
colored 5. colored 5. cotored 7. coth, or divorced 7. conth, day, and year) Apr	. SINGLE, MARRIEL OR DIVORCED (2 Single	WIDOWED.	21. DATE OF DEATH Jan., 12(Month) 933. (Day)	
onth, day, and year) Apr	33 34 3			(Year)
	- 1 14 1		22. HEREBY CERTIFY. That I attended deceing 11/18/32	ased from
8	Days 1	915 If LESS than day, hrs.	to have occurred on the date stated above, at 6.50-mP.M. The PRINCIPAL CAUSE OF DEATH and refated causes of importance were as follows:	
siness in which one, as SILK MILL, Gen BANK, etc.	II. Total time	(vears)	Pulmonary Tuberculosis	larcl
or town) l'eado	ws Neck,	00/	Other Coatributory Causes of Importence:	
city or town)	Intheno	cow,	Nama of operation	O Ma
ountry) John E. 0 M	ows Neck Marylan	id.	23. If deeth was dua to external causes (VIOLENCE) fill in also tha following:	
N. OF REMOVAL	0	13,1933	Manner of injury	
Kentlet,	A. Hand	Mile	24. Was disease er injury In any way related to occupation of deceased?	(M. D.
tique di la contra	town) Meado John Johns ty or town) ??? Mary Bar ty er town) Mead untry) Tohn E O'N Henry to	John Johnson, Iyor town) ??? Johnson, Iyor town) ??? Johnson, Iyor town) ??? Johnson, Iyor town) Maryland. Wary Barnes, Iyor town) Meadows Neck Iyor town Meadows Neck Iyor town) Meadows Neck Iyor town Meadows Neck Iyor town Meadows Neck	John Johnson, Iyor town) Paryland Wary Barnes, Iyer town) Meadows Neck, Mary Barnes, Iyer town) Meadows Neck, Intry) Maryland John E. O'Neill M. D., Henryton, Md. John Henryton, Md	town) Neadows Neck, Maryland John Johnson Maryland Maryland John Johnson Maryland Maryland John Johnson Maryland Maryland Maryland Maryland Maryland Maryland Maryland Maryland Mary Barnes Maryland Maryland Mary Barnes Maryland Maryland Maryland

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
A A STATE OF THE S			

ADDITIONAL SPACE FOR FURT	IER STATEMENTS BY PHY	YSICIAN
---------------------------	-----------------------	---------

N. B.

1	. PLACE OF	DEATH				,
	County (C	arroll			Registration Dist. No.	14
	Village or City	Perkesty	10.		No. Ohrms held State Hospital St.	Ward
					death occurred in a hoppital or institution, give its NAME instead of street and	
		nca in city or town where	2 11 0	(1.)	. 3. ds. How long in U.S. if of foreign birth?yrsm	osds.
2		E Samue		an (Ite	ahn)	
	(a) Residence	: ND. 2103 d	rleau		St., Ward. Ballimone, Md	
-			(Usual place		If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
		L AND STATIST			21. DATE OF DEATH	
	male	4. COLOR OR RACE		(write the word)	January 8	193.3
-		White	marr	red	(Month) (Day)	(Yaar)
58.	If married, widowed HUSBAND of	Rosie (Mard		kuman 1	22. I HEREBY CERTIFY, That I attended	dacaasad from
	(or) WIFE of	viole (name	The result was	7	October 5th 1927 to January 8	1933
6.	DATE OF BIRTH (m	onth, dey, and year) lun	known Unknown	n 1889	I last saw hum alive on farmary 75 , 1933	; death is said
	AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at	
	43	3 hupmon	Unknown	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of Importance wera as follows:	1.
7	8. Trade, professi	on, or particular	2 5			Date of onset
ō	kind of wor SAWYER, B	on, or particular k dona, as SPINNER, DOKKEEPER, etc	abruet M	aker	Chrome Interstitial Nephritis	1924
OCCUPATION	9 Industry or bu	siness In which lona, as SILK MILL,			/	
CC	SAW MILL,	BANK, etc	/ 11 Table	me (years) / 6		*
ŏ	this occupa	last worked et a fruition (month and	sper	tin this years		
	your)			pation	Other Contributary Causes of Importence;	100
12.	BIRTHPLACE (city (State or countr				Chronic Valvular Kearl Disease	1930
œ	1 0	. 1	ussia		Mitrae Reguizitation	
FATHER	13. NAME /21	mannin I	ahn		74	
FAT	14. BIRTHPLACE (non.		Neme of operation Any Date of Physics & Laborator Linding	
-	(Stata or co	(0 /1)	Russia		What test confirmed diagnosis? The year there and	
HER	15. MAIDEN NAM	,	kurwn		23. If death was due to external causes (VIDL ENCE) fill in also the followin	g:
MOT		city or town) Luke			Accident, suicide, or homicide? Date of injury	, 19
-	(State or c		ussia //	10-11	Where did injury occur? (Specify city or town, county and Sta	ite)
17.	(Addrass)	ingfuld state	Aspelal	(Maria)	Specify whather injury occurred in INDUSTRY, in HDME, or In PUBLIC PL	.ACE.
18.	BURAL, CREMATIC	N, DR REMOVAL	. 0		Manner of Injury	
	Southe	wora Me	L. Date Jac	~.9 133	Natura of injury	
-		Jack :	fellin	2/	24. Was disease or injury in any way releted to occupation of deceased?	ma
19	(Address)	Baltin	wor	ma.	If so, specify	
-	0	5 5 0	11	V	(Signed) John To Morris.	M. D.
20.	FILED	. 8., 19. 3.3 Ca	sany.	Registrar.	(Addrass) / S.S.N) Dy herolly, my,	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	933
County Carroll Village or City Dykesolle	No. Opringfield state Hospital St. Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) s. 2 4 ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME & ack (fohn) Kelly (a) Residence: No. ruknown	St., Ward, Baltimore, Md
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Ringle	21. DATE OF DEATH (Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. Thet I atlended deceased from Mecerober 3/21, 1929, to January 214, 1933
6. DATE OF BIRTH (month, day, and year) lukuwn lukuwn 1872 7. AGE Years Months Days If LESS than 60 lukuwn lukuwn layhrs.	to have occurred on the date stated above, at 5.20 A m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Oate of onzet
8. Trade, profession, or particular kind of work done, as SPINNER, Des Labrrer SAWYER, BOOKKEEPER, etc.	Grebral arterioschrosis Privato
9. Industry of business in which	Dec 31°
SAW MILL, BANK, etc	1929
12. BIRTHPLACE (city or town) Baltimone (State or country) Ind	Other Contributory Causes of importance: Prior to Wrome Mysearditis Mee 31
13. NAME Centrown	1929
13. NAME Curpurum 14. BIRTHPLACE (city or town). Makeurum (State or country)	Neme of operation None What test confirmed diagnosis? Clunical Digus Was there en autopsy? No
15. MAIOEN NAME Tupuson 16. BIRTHPLACE (city or town) - Lesseuron (State or country) 17. INFORMANT Springfred State Hospitas (Records) (Address) Duplemile, Md	23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
18. DURIAL, CREMATION, OR REMOVAL of Octo Jan. 25, 1933	Manner of injury
19. UNDERTAKER Steen Son Sur (Address) Systemble wit. 20. FILED Jan 27, 19.33 Charry Meser	24. Was disease or injury in any way related to occupation of deceased? Not it so, specify (Signed) The Morris M. O. (Address) (S. S. H) Askesville Md.
Registrar.	(Address) (o

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9.—The industry or business in which the work was done.

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Chronic interstitial nephritis	1921	Run over by street car 1 1 1 2 2 4 1	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

6	11	9	h-dig	2
U	U	0	é	5

D STATIS	TICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Fear)
les /	Kirwan	22. I HEREBY CERTIFY. That I ettended deceased from August 2,1924, to faw. 15,1933
Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 9, 45 Pm The PRINCIPAL CAUSE OF DEATH and related causes of Importance
rticuler	07min.	were as follows:
as SPINNER, PER, etc which ILK MILL,	Mrue	Chracus Valueles 1-10-3
ked at ith and	11. Total time (years) spent in this occupation	
Lite	maria,	Other Coutributory Causes of importance:
wn)	ukusun	Name of operation Dete of Whet test confirmed diagnosis? Was there an eulopsy?
Mu wn) ll pila lisve	le Recards	23. If death was due to external causes (VIOLENCE) fill In elso the following: Accident, suicide, or homicide?
emoval	n Date Jan 19, 1933	Manner of Injury
33 G	blianchas Raca St Vary Weev Registrar.	24. Wes disease or injury in any way related to occupation of decessed? If so, specify (Signed) M. D. (Address) (Address)

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDIN IS UNFADING INK-THIS N. B.-WRITE PLA

V. S. No. 1

	CERTIFICATE OF DEATH 00374
1. PLACE OF DEATH County	Registration Dist. No. 75
Village or City hear melrose	No. St., Ward
	sds. How long in U.S. if of foreign birth?yrsmosds.
(a) Residence: No. 12 M lose (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("write-the word) 5a. If marriad, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attanded deceased from
6. DATE OF BIRTH (month, day, and year) Watch swal 866	19 , to , 19 , 19 , 19 , 19 , 19 , 19 , 19 , 1
7. AGE Yaars Months Days If LESS than I day,hrs.	to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Augua Pertoris 1/31/3 Dragnosis made from history
12. BIRTHPLACE (city or town) Westimmster (State or country) Waryland	Dthér Centributory Causes of importance:
I 13. NAME Peter Oleres	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME margaret manger	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicida?
17. INFORMANT Edward W Kress (Address)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Ashlesson Data Fells 2,193	Manner of Injury
19 UNDERTAKER Ja ZOJ Wanfas Louis (Address) Wan charten, M. B.	24. Was disaase or injury in any way related to occupation of deceased?

Registrar.

(Signed)_

(Addrass) _______

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

00375

1. PLACE OF DEATH	(107.67)
County Carroll	Registration Dist. No.
Village or City of and on Retreat Length of residence in city or town where death occurred & S. yrs.	No. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) — mos. // ds. How long in U.S. if of foreign birth?
a n	Lambert
(a) Residence: No. (Uaual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULA	RS MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W. OR DIVORCED (write of the order of t	he word) Jaw 13
5a. If merriad, widowed, or divorced HUSBANO of the Late brush R. Lamber (or) WIFE of the Late brush R. Lamber	1 HEREBY CERTIFY That I ettended deceased from 3 1933, to 13 1933
6. DATE OF BIRTH (month, day, and year) March 2-18	144 (Jast saw her alive on Jaw (/12, 19 33 death is sald
	ESS than to have occurred on the date stated above, at 1 a.m.
88 8 11 or	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows: Oate of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Bronchs-Fneumonia, Jawi8-3
12. BIRTHPLACE (city or town) Freederick Cv (State ar country) Marytand	Othar Contributory Causes of Importance:
13. NAME John Eyler	
13. NAME John Eyler 14. BIRTHPLACE (city or town) Time derick too (State or country) maryland	Name of operation Oate of What tast confirmed diagnosis? Nove Was there an autopsy? N
15. MAIOEN NAME 16. BIRTHPLACE (city or town) Tinderick Co (State or country) maryland 17. INFORMANT Harry B dambert (Address) new Window md	23. If daeth was due to extarnal causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL PIECE Wintera duthum Date Jan 15	Mannar of Injury
19. UNDERTAKER THE Bankard + 5 mm (Address) Westminsto md	24. Was diseasa or Injury in any wey ralated to occupation of daceasad? If so, spacify (Signed) (Signed) (Address) (Address) (Address) (Address) (Address)

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		MESCEINED I	
		Lance Control of the	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

*4.

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

County Carroll	03
***************************************	Registration Dist. No. 85
Village or City Near Freedown	No. St., Ware
Length of residence in city or town where death occurred 4 0 yrs	os ds. How long in U.S. if of foreign birth?
2. FULL NAME Philips A Jant	erback
(a) Residence: No. Mean Freedom	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
M. W ORDEN ORCED (write the word)	(Month) (Day) (Year)
B. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of annie &, Waruples	Scht 1 ,1932, to Jan 17 ,1933
DATE OF BIRTH (month, day, and year Any 21 1859	1 lest sew h in elive on family, 1933; deeth is sei
AGE Years Months Deys If LESS than	to heve occurred on the dete stated bove, at3 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importance
10 4 N ormin.	were as follows: Date of onse
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Coronary Thrombosis
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date decessed last worked at this sequentian (month and	with the state of
SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month end year) 11. Total time (years) spent in this occupation for the year occupation occup	
2. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(Stete or country) Md.	myocardiles were
13. NAME John A. Lantucker	J. T. year
13. NAME A. January 14. BIRTHPLACE (city or town)	Neme of operation Date of Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME — Messeuman 16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Dete of injury
7, INFORMANT Mrs. Harry Koller	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Syppesnille ma.	
& BURIAL, CHEMATION, BR REMOVAL M. D. Date Jan. 2/193	Manner of Injury
Date Date 1950	Neture of injury
9 UNDERTAKER I Veer you Inc.	24. Was disease or injury in any way related to occupation of deceased?
(Addison) 8 . /2	
O. FILED Jan 19 33 Fana M. Hewell	If so, specify (Signed) Mh Noyrus M.

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10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example II Example I The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago 1921 Run over by street car. 1 week ago Chronic interstitial nephritis July 5, 1927 Peritonitis 3 days ago Cerebral hemorrhage Other contributory causes of importance: Other contributory causes of importance: Gastroenteritis Gallstones Mau 1.1923 1 year

A. A.	STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	>==		
infor- state	1. PLACE OF DEATH		B 30037	6		
S E S	County Carroll WITHIN	CON STAR LIMITS	Registration Dist. No. 76			
item of should of OCS	Village or City Westmens	ter	No. 19 Johns St.	_Wa		
7 0	Length of residence in city or town where death occurr	red 81 yrs 9 mos	death occurred in a happital or institution, give its NAME instead of street and number) ds. How long in U.S. If of foreign birth?	,		
RECORD. Every PHYSICIANS Exact statement	2. FULL NAME In arm El	len Les	L.			
D. Ev SICL tatem	(a) Residence: No. 19 1 Shows		St., Ward.			
CORI CORI CORI	(Usus	alplace of abode)	If nonresident give city or town and State			
RECC Exact	PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH			
LY.	J. ORDI	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Ye)	ear)		
MANE: A C T I	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ehe Late martin		22. I HEREBY CERTIFY. That I attended decease.			
A SX2	6. DATE OF BIRTH (month, day, and year) Ahril	8-1851	I last saw h. A. alive on Jan. 12, 19.33; death			
H 7 8	7. AGE Years Months Da	ys If LESS than	to have occurred on the date stated above, at 4.30m.	13 30		
FOR IS A stated proper	81 9 4	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:			
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		Sheet was in extremes when Date of	rons		
	SAWYER, BOOKKEEPER, etc.	2	Sam, buscoutseous & more hand.			
SERVI NK-T should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	***-**************	bleath was due oferstably to			
INI INI INI I it	11. O Dete deceesed last worked at this occupation (month and	Tolel lime (years) spent in this	The hear out his low of the case			
RES	year)	occupation	Other Coatributory Causes of importance:			
, FI 1 , 100	12. BIRTHPLACE (city or town) Dalliner (State or country)	,				
MARGIN UNFADI supplied. n terms, so	œ					
	E A	of the state of th	No. of the Control of			
	[14. BIRTHPLACE (city or town) State or country)		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?.			
To de la constant de	15. MAIDEN NAME Mary Sho	rten	23. If death was due to external causes (VIOLENCE) fill in also the following:			
carefully in pla	6 16. BIRTHPLACE (city or town) nelas	rd	Accident, suicide, or homicide? Date of injury			
AINLY, Id be car DEATH	(State or country)		Where did injury occur? (Specify city or town, county and State)			
PLAI hould OF DE	17. INFORMANT Muss mary L (Address) Westminster	early md	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			
	18. BURIAL, CREMATION, OR REMOVAL		Manner of injury			
	Place Westminster L. Johnbate	an 16,1933	Nature of injury			
WRI mation CAUS	19 UNDERTAKER 7 13 gurburd +	Son	24. Was disease or Injury In any way related to occupation of deceased?			
Ž M	(Address) (Westminster	md	If so, specify			
o Z	20. FILED / 14 , 19 3.3 / 10	o o o o	(Signed) I thing w. Fin help	M.		
		Registrar.	(Address) 173 Ind us see			

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	S 7 ULTTER	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	0001 5 daa	3 days ago
			GENEDER	
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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BIND

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MARGIN

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Example I		Example II	causes Date of onset			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
BUEERU V. S.	ì					
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—V

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH

10	60	9	a ship	6	
0	U	J	6	J	

County Carruel		Registration Dist. No. 76	4,000
Village or City Westmin	ratu	No. 79 Liberty St.	War
	b a - ()	If death occurred in a horpital or institution, wive its NAME instead of street and n	umber)
Length of residence in city or town where de	eeth occurred_/_ <yrs, mo<="" td=""><td>s. / ¿ds. How long in U.S. If of foreign birth?</td><td>sd</td></yrs,>	s. / ¿ds. How long in U.S. If of foreign birth?	sd
2. FULL NAME SED. C.	Liffy		
(a) Residence: No. 79 Like	ests!)	St., Ward.	
	(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
male white	5. SINGLE, MARRIED, WIOOWEO, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay)	193 3
5a. If married, widowed, or divorced HUSBAND of marries Ziff	y	22. HEREBY CERTIFY, That I ettended of	deceased fro
6. DATE OF BIRTH (month, day, end year) Que	ne 1 1860	I last saw him alive on the 1983	, 190 C
7. AGE Years Months	Oays If LESS than /	to have occurred on the date stated above, at	,
72 7	14 1 dey,hrs.		Oata of onse
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	third Clerk	Carebral Harguerhage	
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.			
10. Date decesed last worked et this occupation (month end year)	11. Totel time (years) spent In this occupation		
		Other Contributory Causes of Importence:	
12. BIRTHPLACE (city or town) (State or country) (State or country)	6-1 d.		
	'11		
14. BIRTHPLACE (city or town)	My		
14. BIRTHPLACE (city or town)	7	Name of operation Oate of	
	Land 1	What test confirmed diagnosis? Was there en a	utopsy?
15. MAIOEN NAME Levense 16. BIRTHPLACE (city or town)	Huberger	23. If death wes due to external couses (VIOL ENCE) fill In also the following:	-1_
16. BIRTHPLACE (city or town)	7	Accident, sulcide, or homicide? Dete of injury	, 19
(State or country) margi	and	Where did injury occur? (Specify city or town, county and State	
17. INFORMANT A of head of the Address)	E ma	Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLA	ĆE.
18. BURIAL, CREMATION OR REMOVAL		Manner of Injury	
Place Mandua	Oate June 17 , 1953.	Nature of injury	
19. UNOERTAKER ABamba (Address) Wistmins	and to an	24. Was diseese or injury In any way releted to occupation of deceased?	
20. FILEO / - 17 , 1935 Z	Registrar.	(Signed) / Musical Survey	See M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		RECEIVED	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 00384
1. PLACE OF DEATH	97
County La arroll WITHIN COMP	Registration Dist. No.
Village Dr City Westminston	No. St., Ward
(If Length of residence in city or town where death occurred	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
y h ha 7 ni To	- Marghista
	7 GOCULLANO
(a) Residence: No. 121 C. Drew (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. GOLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of P.W. Wiram & Macalistos	22. I HEREBY CERTIFY, That I attanded deceased from fan 1, 1933, to Jan. 25, 1933
6. DATE OF BIRTH (month, day, and year) march 11 - 1849	I last saw h. L. alive on Jan 23 ,1933; dasth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 3m.
83 10 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	Several infirmation ofe.
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Data dacaasad last workad at this occupation (month and	Arturo selevous general.
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data dacaasad last worked at this occupation (month and spent in this	
year) occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Salto (Md. (State ar country)	
R-Ati	
4 14. BIRTHPLACE (city or town) Control Control	Name of operation
E 15. MAIDEN NAME MAKE (AAAAA CAAAAA	223 If daath was due to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Bultumous	Accident, suicide, or homicide? — — Dete of injury —, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT A.O. Maralaster	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Brider & Emuley Oate Jan. 37, 1922	Natura of injury
19. UNDERTAKEN Samkand Jam	24. Was disease or injury in any way ralated to occupation of deceased?
(Address) fristmingtes md.	If so, spacify
20. FILED. 26. 103 FT (Wooden)	(Signed) them he had M. D.
Resistrar.	(Address) Mesting in Suc in a.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
		GENEDE	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF DEATH	
County Carroll WITHIN CO	Registration Dist. No. 76
Village or City (Westmansler)	No. 179. E. Main St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) 24 ds. How long in U.S. if of foreign birth?
000 11 1	non-ing in 0.3.1 or foldign artificiants.
2. FULL NAME To hurles H. Macket	ey
(a) Residence: No. 179, C, Main (Usual place of abode)	St., Ward. H nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE No ale 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
50. If marriad, widowad, or divorced, HUSBANO of the Late Celcelia may mackley (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) fan 3 /874 7. AGE Yaars Months Days If LESS than 1 day,hrs.	I last saw hand alive on to have occurred on the date stated abova, at 3 mm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance ware as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, Male Carrier SAWYER, BOOKKEPER, atc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) spent in this occupation.	Other Contributary Causes of importance:
12. BIRTHPLACE (city or town) (State ar country) In anyland	
13. NAME David Wackley 14. BIRTHPLACE (city or town) (State or country) Marylund	Name of operation Oata of What tast confirmed diagnosis? Clinical Was there an autopsy?
15. MAIOEN NAME Eleycholk ann Hann 16. BIRTHPLACE (city or town) (State or country) For avegland	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
17. INFORMANT trus James markley (Address) wirtingth mat	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Description Date fan 30 , 1933	Manner of injury
19. UNDERTAKER HBrishard & Son (Address) Wistminster ma	24. Was disaasa or injury in any way related to occupation of deceased? If so, specify (Signard)
20. FILEO	(Signad) (Address) West (Address)

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Example I	A-1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH infor OCCUPA 1. PLACE OF DEATH plnous Registration Dist. No. County item Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U. S. if of foreign birth? vrs. mos. mos. Length of residence in city or town where death occurred SICIAN 2. FULL NAME RECORD. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (awrite the word) Month) (Year) 5a. If married, widowed, or divorced PERMANE HUSBAND of CERTIFY. That I attended deceased from (or) WIFE of 62 6. DATE OF BIRTH (month, day, end year) certificate properl 7. AGE Years Months Days If LESS than 1 day, _____ hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. were es follows: Date of onset 8. Trade, profession, or particular NO kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Jo OCCUPAT back plnods may 7. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc ... O. Oate deceased tast worked at this occupation (month and 11. Total time (yeers) spent in this on occupation year) _____ instructions Other Contributory Causes of importance: 12. BtRTtlPLACE (city or town) __ (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) What test confirmed diegnosis? Wes there an autopsy?..... ully MOTHER important. 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) filt in also the following: Accident, suicide, or homicide?______ Date of injury_______ 19 16. BIRTHPLACE (city or town) (State or country) Where did injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT should very (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury CAUSE mation Nature of injury. LION 24. Wes disease or injury in eny way releted to occupation of deceased? 19. UNDERTAKER (Address) If so, specify (Signed). (Address) W Edlinate Registrar. If more blanks are needed, address State Registrar, 241 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDI

FOR

RESERVED

MARGIN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis F. CONED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIA

MARGIN RESERVED

V. S. No. 1

	Registration Dist. No. No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Boby horstelle (a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Oay) (Yaar)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY. That t attended deceased from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Oays If JESS than 1 day, 6 hrs. or 9 min. 8. Trade, profession, or particular kind of work done, as SPINNER,	I fast saw halive on, 19, death is said to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
SAWYER, BOOKKEPPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Oate deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town). (State or country) 13. NAME The Activity or town). 14. BIRTHPLACE (city or town). (State or country)	Name of operation
15. MAIOEN NAME fator, bacolog 16. BIRTHPLACE (city or town) losy pfor (State or country) 17. INFORMANT Sellent & forartiller (Address)	23. If death was dua to external causes (VIOLENCE) fill in also the following: Accident, sulcide, or homicide?
18. BURIAL, CREMATION, OR REMOVAL Place Howpolinally Date Jo-20 th 19 3 3	Manner of injury
19. UNDERTAKER E. S. Jefton (Address) Homftend led 20. FILEO Jan. 20, 1933 Jovin & Legistra.	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signad). & M. Messella, M. I.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 16383
1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City Hampslead	ND. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrs. mos.	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Baly marsuler	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	/ 20 193.3
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF BIDTH (mostly day and most)	
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days LESS than	to have occurred on the date stated ebove, atm.
1 day of min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
	Still Buth Date of onset
kind of work done, as SPINNER. / oul	
Industry or business in which work was done as SLIK MILL	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11, Date doceased last worked at this occupation (month and	
year) occupation	Other Contributory Causes of Importence:
t2. BIRTHPLACE (city or town).	
13. NAME Buller Morsteller 14. BIRTHPLACE (city or town) Raywille (State or country)	
4. BIRTHPLACE (city or town)	Name of operation Dete of
	What test confirmed diagnosis? Was there an autopsy2/70_
0 01 14.	23. If death was due to external causes (VIDL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Looghey (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did Injury occur?
0,'01. 17 km tilles	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
f8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Hamp tend by Date 1/20 - 1933	Nature of injury
10 HADEDTAKED SI POLY TATAL	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
12 25.23 de 19 1 to	(Signed) & M Resh M.D.
20. FILED. Jan. L.D., 1930. Jan. S. Le Slez. Registrar.	(Address) Hampstead had

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
FEB 6 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

	E	non	ŏ	
	ite	S	of	
	D. Every	SICIANS	tatement	
•	" RECOR	Y. РНУ	Exact s	
MARGIN RESERVED FOR BINDING	RITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item	ion should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS shou	USE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OC	
FOR B	IS A PE	stated E	properly	N is very important. See instructions on back of certificate.
VED	-THIS	ild be	ay be	ck of
ESER	INK	E shou	it it m	on ha
IN R.	DING	. AG	so tha	ctions
IARGI	UNFA	upplied	terms,	e instri
N N	WITH	fully s	n plain	nt. Se
T	NLY,	e care	ATH ii	nporta
	PLAI	plnod	OF DE	verv
)	RITE	ion s	USE	2 70

	STATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH (10)	385
1. PLACE	OF DEATH			(10)	
County_	Carnoll			Registration Dist. No	74
Village or	city Sykesiel	e Ma	(1	No. Springfield State Hospital St., death occurred in a hospitally institution, give its NAME instead of street and	Ward
Length of r	residence in city or town where	deeth occurred	yrsmos	. 19 ds. How long in U.S. if of foreign birth? 40 yrs.	mosds.
2. FULL N		Nalana	,		
C .	dence: No. 915	Mª Hen (Usual place	ol abode)	St., Ward. Baltinine Md. If nonresident give city or town as	nd State
PERSC	NAL AND STATIST	ICAL PART	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX female	4. COLOR OR RACE	5. SINGLE, MAR OR, DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH 21. (Month) (Day)	, 193 3 (Year)
5e. If married, wid HUSBAND of	lowed, or divorcad				
(or) WIFE of				22. HEREBY CERTIFY, Thet I ettende	
		whow		1.	
	H (month, dey, and year) Yeers Months	Deys	if LESS than	t last saw her alive on January 31 , 19 35 to heve occurred on the date stated above, et. 19 30 Pm.	, ; death is said
903		-	1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH end retated causes of importance	
8. Treda, pro	ofession, or particuler		ormin.	were es follows:	Date of onset
SAWY	of work done, as SPINNER, ER, BDOKKEEPER, etc	Jar	e	Cobar Champana	1-20-3
kind of SAWY SAWY SAWY SAWY 10-Data dece	or business in which wes dona, as StLK MILL, MILL, BANK, etc				
1 1 1 11113 00	eased lest worked at ccupation (month and	11. Totel t spe occ	ime (years) nt in this upation		
12. BIRTHPLACE	(city or town)			Dther Contributory Causes of Importance:	
(Steta or c		nd		Serile Dementia	
13. NAME	Peter Mr	vhan			
13. NAME	ACE (city or town)			Name of operation Deta of	
1 (31616	or country) The	Rand		Whet test confirmed diegnosis? Was there en	autopsy?
15. MAIDEN	NAME Mary =	mith		23. If deeth was dua to externel couses (VIDL ENCE) fill In elso the followi	ng:
0 16. BIRTHPLA	CE (city or town)	······		Accident, suicide, or homicide? Dete of Injury	, 19
≥ (Stete	or country) Tre	land_		Where did injury occur? (Specify city or town, county and S	ate)
17. INFORMANT (Address)	Hospital Re Syllesville	cords		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	LACE.
18. BURIAL, CREM	atterbeal es	Date Ja	w 2/10 33	Manner of injury	
19. UNDERTAKER (Addrasa)	John J.	lowar	Tul	24. Was diseese or injury In any way related to occupetion of decoesed?	
20. FILED Ja	u. 21, 19.33 Q	Harry	Weev Registrar.	(Signod) M. Virginia Beyer (Addross) Sylesville, Md	M. D.
			accession.	(1001003) 2014 2014 2014 114 114	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Other contributory causes of importance:		Other contributory causes of importance:	
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BURRAU V. S.			
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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	---------	------------	----	-----------

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANALT RECORD. Every item of infor-Exact Statement of OCCUPAstated EXACTT properly classified. MARGIN RESERVED FOR BINDIN TION is very important. See instructions on back of certificate. AGE should be CAUSE OF DEATH in plain terms, so that it may be mation should be carefully supplied. N. B.—WRITE PLAINLY,

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	
County Carroll	Registration Dist. No.
Village or City Lykesville	No. Ms. insfeld stali Hospital St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 9 yrs. // mos.	death occurred in a hospital or institution, give its IVAME instead of street and number) 20 ds. How long in U.S. if of foreign birth?
2. FULL NAME Lamuel Harrison Penn	
(a) Residence: No.	St., Ward Garrell County, Mil.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from televising, 14 - 19 23, to January 22 2 19 33
6. DATE OF BIRTH (month, day, and year) Unknown Unknown 1890	I last saw h m alive on laman 219 1933 : death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12.30 A.m.
H2 lukum lukum 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Day Fabour, SAWYER, BOOKKEEPER, etc.	Date of oneet
2 Industry or husinger in which	Deneral Paralysis of the 1923
work was done, as SILK MILL, Turkwown SAW MILL, BANK, etc.	Moure,
Date deceased last worked at this occupation (month and when year)	
12, BIRTHPLACE (city or town) Daris	Other Coutributory Causes of importance:
(State or country) West Wiguna	
13. NAME James Pennell	
14. BIRTHPLACE (city or town)	Name of operation AME What test confirmed diagnosis? Wayned * laboratory signs Waythery'an autopsy? Mr. Waythery'an autopsy? Mr.
15. MAIDEN NAME linkwon	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Unknown 16. BIRTHPLACE (city or town) - Ctukwww. (State or country)	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Jungfield State Hospital (Rande) (Address) Resoully, Ma.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL of Date Jan. 25, 1933	Manner of injury
10 HADEOLAND Heer Son Dres.	24. Was disease or injury in any way related to occupation of deceased? No
19. UNDERTAKER (Address) Syresyille Tryde	If so, specify
20 FILED Jan 22, 33 CHamp Lew	(Signed) John M. Morris. M.D.
Registrar.	(Address) (S.S. 4) Rypesville My

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write nonc.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of importance were a	Date of onset	
Arterioselerosis	1915	Attack of epilepsy	S V WAGGIN	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	Properties GTI	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis		3 days ago
			CECETNED	
Other contributory causes of importance:		Other contributory ca	uses of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

	STATE OF	MARYLAND-	CERTIFICATE OF DEATH	025
1	. PLACE OF DEATH		93:2)	100
	County Carroll		Registration Dist. No.	+
	Village or City Sukerille	, and a second	No. Springfield State Hospital	Ward
	Length of residence in city or town where death	1	death occurred with hospitatoon institution, give its IVAIVIE, instead of greet and his	
2	FULL NAME Pleillen	2003		
	(a) Residence: No. 1014	(Usual place of abode)	St., Ward. Palling Ma	State
embra	PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193.3 (Year)
5a.	If married, widowed, or divorced HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, That I attended d	eceesed from
6. 1	DATE OF BIRTII (month, day, and year)	ember 23 1858	I last saw h. en elive on January 31, 19.33;	, 19.3.의 ; death is said
7. /	AGE Years Months	Days If LESS than 1 day, hrs. ormin,	to have occurred on the date stated above, at 4:36 P.m. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
OCCUPATION	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total time (yeers) spant in this occupation	Chronic Myoranditia and Myorandial degeneration	1925
12.	BIRTHPLACE (city or town) (State or country)	o. ma.	Other Contributory Canses of Importance;	
IER	13. NAME William Pfief	for		
FATHER	14. BIRTHPLACE (city or town) (Stete or country)	2. 0	Name of operation Date of	
2	15. MAIOEN NAME Elizabeth	Molenson.	Whet test confirmed diagnosis? Was there an au	
MOTHER	16. BIRTHPLACE (city or town) (State or counity) (State or counity)	and	23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17.	INFORMANT Horpital Record (Address) Suffereille, M	Jany Pane	(Specify city or lown, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLAI) CE.
18,	BURIAL, CREMATION OF REMOVAL COME.	Date Feb. 2 1932	Manner of injury	
19.	UNDERTAKER Easton (Address) Ellusti	Sois ma.	24. Was disease or injury in any way related to occupation of deceased?	10
20.	FILEO Jan. 31, 1933 CA	Registrar.	(Signed) M. Uviginia Bey ex (Address) Syllesiable, Maryland	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory-causes of importance, name other important diseases or injuries. Examples:

Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
100			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

U	C	3	3	U

1. PLACE OF DEATH	(R3)
county Carrill	Registration Dist. No.
Village or City Sancy Town	No. Ch. Miland
Length of residence in city or town where death occurred	(If death occurred in a hospital or institution, give its NAME instead of street and number) 10sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs Bruma lane Rea	LK
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH January 20, 19333 (Month) (Day) (Year)
If married, widowad, or divorced HUSBAND of (or) WIFE of What Rearer	22. I HEREBY CERTIFY, That I attended deceased from 19
DATE OF BIRTH (month, day, and yeer) AGE Yaars Months Days If LESS than 1 day,hr ormin.	I last sew h elive on, 19; death is said to have occurred on the data stated above, atm. The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc 9. Ipdustry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc 10- Date deceased lest worked et this occupation (month and spant in this	Drowning
BIRTHPLACE (city or town) (State or country)	Other Contributory Canses of importanca:
13. NAME Stand Srummer	
14. BIRTHPLACE (city or town) (Stata or country)	Neme of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME WAY	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country) INFORMANT NATURAL ERRORLES	Accident, suicide, or homicida?
BURIAL, CREMATION, OR REMOVAL Place State Same Way Date SW 224 1933	death Came to her death by
UNDERTAKER COSTIANTS OF CANADA CONTROL	Neture of injury drowning. Jury refused to state whether it was accident or state whether it was accident or state. 24- Was diseasa or Injury in any way related to occupation of deceased?
	(Signed) SI Eleman Corona

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	*
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS properly classified. TION is very important. See instructions on back of certificate. pe CAUSE OF DEATH in plain terms, so that it may ż

FOR BINDIN

MARGIN RESERVED

V. S. No. 1

1	ST	ATE O	F MARYLAND-	CERTIFICATE OF DEATH	
1.	PLACE OF DEAT	Н		91)	00391
	County Carry	cell		Registration Dist. No.	
	Village or City	ylvee	willy	NA Certa feeld that NAME instead of street and death occurred in a horping of institution, give its NAME instead of street and	
	Length of residence in city	or town where d	eath occurred yrs mos	. 29 ds. How long in U.S. if of foreign birth?yrs	mos ds.
2.	FULL NAME	Kath	cricia Rela	encial	
Milano	(a) Residence: No	4019	(Usual place of abode)	e St., Ward. Kallinger identify or town as	MLL and State
			CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SE	,	OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	, 193 (Yaar)
Øa. II	married, widowed, or divorce HUSBANO of (or) WIFE of (Luck	ced weaun,	1 Rehewent	22. I HEREBY CERTIFY, That I attende Un. 18 ,1929, to faceury	
6. DA	TE OF BIRTH (month, day,	and year) (le	cheusan / 1853	I lest saw hold aliva on laccore 15, 19 8,	daath is said
7. AC		Months	Oays If LESS than 1 day,hrs.	to have occurred on the data stated abova, at	
-	801		ormin.	were as follows:	Date of onset
NO	8. Trade, prolession, or part kind of work done, as SAWYER, BOOKKEEPI	S SPINNER, Fr etc	noue	If well attended	1020
OCCUPATION	Industry or business in a work was done, as SII SAW MILL, BANK, atc	which		Villian Court Court	7.2.7
000	Oate deceased last work this occupetion (mont year)	ed at h and	11. Total time (years) spant in this occupetion		
12. B	IRTHPLACE (city or town) (State or country)	Mary	faced	Other Contributory Causes of Importance;	
ER I	13. NAME Mu	keess	n		
FATHER	14. BIRTHPLACE (city or tow (State or country)	n) Me	ckieson.	Name of operation Oate of	
2	15. MAIOEN NAME	luku	4	What test confirmed diagnosis?	
图	6. BIRTHPLACE (city or tow	n) Ma	bus my	23. If death was dua to external ceuses (VIOL ENCE) fill in also the following Accident, suicida, or homicide? Oate of injury	•
Σ	(State or country)			Where did Injury occur?	**********
17. 11	NFORMANT Vac (Address)	ital	Recards	(Specify city or town, county and St Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC F	etc) PLACE.
18. B	UPIAL, CREMATION, OR RE	MOVAL MOVAL	Date Jan. 19, 1933	Manner of Injury	
19. U	NDERTAKER ACT (Address) 4/0	ry H	Maybe	24. Was disaese or injury in any way related to occupation of deceased?	
20. F	ILED Jaw 16, 19	33 QK	Facy Heer Registrat.	(Signad) Marid M. Lees (Address) Ly Dissille M.	M. O.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none. Kin his tul

To be complete, an occupation return must state	To	be	complete.	an	occupation	return	must	state
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8.—The trade, profession, or particular kind of work done.

9.-The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "actory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
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Chronie interstitial nephritis	1931	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

1. PLACE OF DEATH	92-0
County Carrollithin Contain LIMITE OF	Registration Dist. No. 26
Village or City Ovestranster	No. 1 sehool Fane St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. If of foreign birth?yrsmosds.
0 1 0 1 11	2
2. FULL NAME / end shiffy	
(a) Residence: No. 1 Active Jane (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married Married	21. DATE OF DEATH (Month) (Dey) (Year)
5a. If married, widowed, or divorced HUSBAND of Jaine Shaffy (or) WIFF of	1 HEREBY CERTIFY. That I attended deceased from
(or) WIFE of	Tuly 8 1937 to Lan 26 1933
6. DATE OF BIRTH (month, day, end yeer)	Plast sew h Line alive on Jan 25, 19.33; deeth is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 4:15 Pm.
about 48	THE RICHARD OF BEATH and release of importance
8. Trede profession or perticular	Calcular Geart of July
DATTER, DOURNELLER, OLD.	Resease buth 1932
A ndustry or business In which work wes done, es SILK MILL,	decompensation.
SAW MILL, BANK, etc	
this occupation (month and spent In this occupation occ	
12. BIRTHPLACE (city or town) Wyth Orgina	Other Contributory Causes of importance: Bronsha Tunt
(State er country)	Curl 1433
13. NAME a dam sheffy	
13. NAME a dam sheffy 14. BIRTHPLACE (city or town) Wythe Orgina	Neme of operation Dete of
(Stete or country)	Whet test confirmed diegnosis? Wes there en autopsy?
15. MAIDEN NAME CENTANOSIN	23. If deeth wes due to external ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Linkernan (State or country)	Accident, suicide, or homicide?
17. INFORMANT I rene sheffy (Address) Westmenste I mal	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Claworth Dete Jan 29, 1933	Nature of injury
19 UNDERTAKER HB ankurd + Son	24. Wes disease or injury in eny wey related to occupetion of deceesed?
(Address) on eatminster in a	If so, specify
20. FILED / 28 1933 Milloodung	(Signed) WI MUNICIPAL M. D.
Registrar.	(Address) / WESTMUNETER

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Total Control of the Con	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIA

MARGIN RESERVED

V. S. No. 1

1. PLACI			Mary		erculosis Sana red Branch	torium	00333
	Carr				Tod Drawing	Registration Dist. No. 74	
Village	or City	Henryton	, Maryla	and.	No. (&DOVE		
Length (of residence in	city or town where o	death occurred		. 19 ds. How long in U.S. If o		
2. FULL	NAME.	Margare	t Viola	Shorter			
(a) Re	sidence: No.	Rodgers			e go., Madad.		
PEDG	CONAL A	ND STATIST	(Usual place		MEDICALC	If nonresident give city or town	
3. SEX		LOR OR RACE		RIED, WIDOWED.	21. DATE OF DEATH	ERTIFICATE OF DEAT	П
Femal	e C	olored		(write the word)		Tan., 29, 1933 (Day)	, 193 (Yaar)
5a. If merried, HUSBAND (or) WIFE	widowed, or d	ivorced			22. I HEREBY	CERTIFY. That I atter	nded deceased from
(or) WIFE	01					19. toJan., 29.	
6. DATE OF BI	RTH (month,	day, and year) A	pr., 3,	1915		an., 29, 1933	
7. AGE	Years	Months	Days	If LESS than 1 dey,hrs.		ed ebove, et _ 3 • 50 nP • M •	
	17	9	26	ormin.	were as follows:	TH and related causes of importance	Date of onset
8. Trada,	profession, or d of work dor	particular ne, as SPINNER, EEPER, etc	Domesti	C	Pulmonar	y Tuberculosis	
9. Industr wor SAN	y or business	in which			7		A
SA		s in which sis SILK MILL, K, etc	Unknown				April 1932
10. Dete d	eceased last v s occupation (r r)	vorked at nonth end Unkn	11. Total ti	me (years) it in thus nknow pation Unknow	h		allo del del con
100 yea	1)			pation	Other Contributory Causes of Impo	ortence:	
12. BIRTHPLAC	CE (city or tow or country)	n) Tows			-		
€ 13. NAME			lev Shor	rter			
13. NAME	LACE (city or	Mawa			Neme of operation	O Date	of O
L (St	ate or country					O Was there	7
15. MAIDE	N NAME	Geor	gie Dige	gs		uses (VIOLENCE) fill in also the folio	
	LACE (city or				Accident, sulcide, or homicide?	Date of injury	, 19
≥ (St	ate or country) Mary	land		Where did Injury occur?	(Specify city or town, county and	State)
17. INFORMANT		-21-	eill, M.	nud.	Specify whether Injory occurred Is	n INDUSTRY, in HOME, or in PUBLI	C PLACE.
18 JURIAL, CR	EMATION, QF	REMOVAL	. Ital	, 2	Manner of Injury		
Mart	esu,	ve ji ji sa	Date	1924	Nature of injury		
19. UNDERTAK		un nd	ou you	ne		way related to occupation of deceased	1 40
(Addres		yreso	relle	Maro.	If so, specify	(Jan. 60)	Hoill
20. FILED. 1/	8 9/33	Deput	They b. C	Registrar.	(Signed)	JEnse to	u rus.
					2411 N. Charles Street, Baltimore, Re	equeeting 71 S No -	1

STATE OF MADVI AND CEPTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

(H)	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	markon should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
MARGIN RESERVED FOR BINDIN	A PERMANENT I	ted EXACTLY.	perly classified. E	ificate.
SRVED FC	K-THIS IS	hould be sta	may be pro	back of cert
RGIN RESI	FADING IN	olied. AGE sl	rms, so that it	TION is very important. See instructions on back of certificate.
MA	Y, WITH UN	arefully supp	H in plain ter	rtant. See in
V. S. No. 1	TE PLAINE	n should be c	SE OF DEAT	is very impo
V. S. No. 1	N. BWRI	mario	CAU	TION

	S	TATE C	OF MARY	YLAND-	CERTIFICATE OF DEATH	0394
1	. PLACE OF DEA	TH	Maryl	and Tube	erculosis Sanatorium	
	County Carro	11		Colored	l Branch 23 Registration Dist. No. 74	
	Village or City IIC				No. (above) St,. f death occurred in a hospital or institution, give its NAME instead of street and t	
	Length of residence in c	ily or town where	death occurred ()_yrs_11mos	ds. How long In U.S. if of foreign birth?	osds.
2	. FULL NAME I	Elsie TI	hresa Sin	ms		
	(a) Residence: No.	1602 E.			Itom, Ild Ward.	
-	, pencontil		(Usual place		If nonresident give city or town and	State
2 1	PERSONAL AN	OR OR RACE		RED. WIDOWED,	MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH	
		olored	or divorced	(write the word)	Jan., 29, 1933 (Month) (Oay)	, 193 (Year)
5a.	If married, widowed, or div HUSBAND of (or) WIFE of	orced	Unknown		22. I HEREBY CERTIFY, That I attended Feb. 22, 1932 19 to Jan., 29,	
			D 0	3004	llast sawher aliva on Jan., 29, 19339	double said
-	DATE OF BIRTH (month, da AGE Years	y, and year) Months	Dec., 9,	1904	to have occurred on the data stated above, at 5.35 ml. II.	, death is said
	28	1	20	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
		particular	1 20	ormin.	wera as follows: Pulmonary Tuberculosis	Date of enset
O	8. Trade, profession, or p kind of work done SAWYER, BOOKKE	as SPINNER, EPER, etc.	Domest	ic		
OCCUPATION	9. Industry or business I	n which	777			Aug.
200	work was dona, as SAW MILL, BANK, 10. Data deceesad last wo	stad at	Unknow		-	1931
ŏ	this occupation (mo	onth and nkn	OMU sean	t in Whknow.		
12.	BIRTHPLACE (city or town				Other Contributory Causes of importance:	
	(State or country)		sylvania			-
HER	13. NAME		rt Newma	n		
FATH	14. BIRTHPLACE (city or t	own) Clin			Name of operation	0
_	(State or country)		land.		Whet test confirmed diagnosis? Was there an a	autopsy?
HER	15. MAIDEN NAME		e Worlme	У	23. If death was dua to extarnal ceuses (VIOLENCE) fill In elso the following	
MOT	16. BIRTHPLACE (city or t (State or country)				Accident, sulcide, or homicide? Date of Injury Where did Injury occur?	
17.	INFORMANT John (Address) Henry		eill, M.	•D.	(Specify city or town, county and Stales Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
18.	BURIAL, CREMATION, OR Place Offer		MA FEL	-/- ,193	Menner of injury	
19.	UNDERTAKER MAN	y mell of	Sander	St. Balt	24. Wes diseese er injury in any way related to occupetion of deceased?	no.
20.	FILED. 1/29/33,	- 1	Tow 6, C	Medle,	(Signed) Thu 6016	Il M. D.
and the same		7	uty Loca	1	f -	1

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
1/ 8000 438 1/			
- Marie Mari			

T RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMAN N. B.-WRITE PLAINLY,

MARGIN RESERVED FOR BINDIN

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF M	ARYLAND—	CERTIFICATE OF DEATH	66395
1. PLACE OF DEATH		////	~
County Curveling COM	RA LIMITE OF	Registration Dist. No.	1600
Village or City Westminster	(11	No. 8 United feath occurred in a hospital or institution, give its NAME instead of s	
Length of residence in city or town where deeth occur	redyrsmos	ds. How long in U.S. If of foreign birth?yrs	ds.
2. FULL NAME Ovilliam	L. adums	Elmo.	
	al place of abode)	St., Ward. If nonresident give city or	
PERSONAL AND STATISTICAL P	ARTICULARS	MEDICAL CERTIFICATE OF DE	ATH
	E, MARRIED, WIDOWED, VORCED (write the word)	21. DATE OF DEATH (Month) (Day)	33 _{, 193} (Year)
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of		22. /2-35-1032 to /-3	attanded dacaased from
6. DATE OF BIRTH (month, day, and yeer) fully	3-1932	I last saw h in alive on 1-3-33	, 19; death is said
7 . 1	ays If LESS than 1 day,hrs. ormin,	to have occurred on the date stated above, at	
8. Trada, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, atc. 9 Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date daceased last worked at this occupation (month and year)		Lagaryph -	Monsoy Date of one ot
12. BIRTHPLACE (city or town) Wislimms (State or country) mandam	lu-	Other Cantributary Causes of importence:	
13. NAME watter a. sin	vo		
13. NAME walter a sem		Name of operation	Date of
(State of country) maryes	nd	What tast confirmed diagnosis? Was	thara an autopsy?
15. MAIDEN NAME Zouse OV	clson	23. If death was due to external causes (VIOLENCE) fill in also the Accident, suicide, or homicide? Date of injur	
(State or country) Maylan	noh	Where did injury occur?	
17. INFORMANT On aller a sin (Address) Westmington	no	(Specify city or town, count Specify whether Injury occurred in INDUSTRY, In HOME, or In PU	y and State) JBLIC PLACE,
18. BURIAL, CREMATION, OR REMOVAL Place Western Chapel Date	Jan 5 , 1933	Mannar of Injury	
19. UNDERTAKER At Bunkuch a (Address) en estimmente	+ son	24. Was disease or injury in any way releted to occupation of dace	pased?
20. FILED / J. 1933 FICE	Registrar.	(Signed) (Address) Wishing	M. D.

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Arteriosclerosis	1915	Attack of epilepsy	1 weck ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcck ago
Ccrebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		1 0000 8 934	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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M. D.
AAR

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importance nere as ronows.		of importance were as follows:	- Consec
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage J	July 5, 1927	Peritonitis 8 A II VA CIII	3 days ago
		LEB 3 1633	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones M.	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	CIAN	N
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should state item of inforof OCCUPA-PHYSICIANS PERMANENT RECORD. Every statement Exact stated EXACTLY classified. FOR BINDI certificate. properly MARGIN RESERVED of See instructions on back AGE should it may UNFADING INK-I in plain terms, so that supplied. mation should be carefully TION is very important, -WRITE PLAINLY CAUSE OF DEAT E. ż

V. S. No. 1

OCCUPATION

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

18. BURIAL, CREMAJION, OR REMOVAL

(State or country)

15. MAIDEN NAME

(Address)

(Address)

19. UNDERTAKER

20. FILED.

(State or country)

FATHER

MOTHER

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 00397
1. PLACE OF DEATH	
county Courroll.	(15:24)
county of the second	Registration Dist. No. 7
Village or City of Hinfield , 8. F. D. 8. 7	(If death occurred in a hospital or institution, give its NAME instead of street and number)
	losds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cora R. Stant.	
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Thile OR DIVORCED (write the word)	21. DATE OF DEATH Any = 17 = 1933. (Month) (Day) (Year)
5a. If married, widowed, or divorced WUSDAND of Late Chas. A. Alaub,	22. I HEREBY CERTIFY, That I attended deceased from 19.3. to 17. 19.3.3
6. DATE OF BIRTH (month, day, and year) 871-9-16	Hart saw h. 23 alive on Jan 1 1 2 1933; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 6:30 Pim.
6/ 4 1 1 day,hrs	have se follows CAOSE OF DEATH and lengted causes of importance
1 0 T-4 - of in-	Paraly sis, desolution Date of onset
SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (manch and the state of the	-1-24/12
10. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Balto, leo. (State or country) Maryland.	Other Contributory Causes of importance:
13. NAME -3 PS Plane =	

Name of operation. What test confirmed diagnosis? 23. If deeth was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?_____ Date of injury____ Where did injury occur?___ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of Injury Nature of injury. 24. Was disease or Injury in any way related to occupation of deceased? If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example I	į	Example II	
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Chronic interstitial neg	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	1633	July 5,1927	Peritonitis	3 days ago
	1 - B 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	L-			

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BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

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Example I	j	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EEB 3 1933			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDIA

MARGIN RESERVED

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	\overline{y}
County Carroll	Registration Dist. No.
Village or City Springfield State Hospit	al No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME Mary F. Turner	
(a) Residence: No. 825 Woodbourne Avenue (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single	21. DATE OF DEATH January 30, 1933 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from January 24, 1933, to Jan. 30, 1933
6. DATE OF BIRTH (month, day, and year) Applict 16. 1848	I last saw h er alive on Jan. 30, 19.33; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:50 m.P. M.
84 1 5 14 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Boarding house SAWYER, BOOKKEEPER, etc. keeper	General Arteriosclerosis 1924?
9. Industry or business in which	and Chronic Nephritis
work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date decesed last worked at this occupation (month and 1924 spent in this 25 yr occupation 25 yr	S.
Poltimore	Other Centributery Causes of Importance:
12. BIRTHPLACE (city or town) Date Into te (State or country)	Uremia 6 days
当 13. NAME Frederick Turner	
13. NAME Frederick Turner 14. BIRTHPLACE (city or town) Baltimore	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Lab. tests was there an autopsy? No
15. MAIDEN NAME Fliza M. Frances 16. BIRTHPLACE (city or town) England (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city or town) England (State or country)	Accident, suicide, or homicide? Date of Injury, 19 Where did injury occur?
17. INFORMANT Hospital Records (Address) S. S. Hosp., Sykesville, Md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BARIA CREMATION, OR REMOVAD Date To 1933	Menner of injury
19. UNDERTAKER Were Cook (Address) Baltimore Mel.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Jan 31, 19.33 PHany Her	(Signed) John L. Wilherld M. D. Address) S. S. Lorky St. Reville, Male

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		3 10 h, 2, 22	
Other contributory causes of importance:	n jak	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAI	V
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should state Exact statement of ACCUPA-"T RECORD. Every item of infor-LY. PHYSICIANS should state stated EXACTLY. properly classified. A PERMANE -WRITE PLAINLY, WITH UNFADING INK-THIS IS CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B. ż

FOR BINDIA

MARGIN RESERVED

CountyGarr Village or City_ H Length of residence in	enryton,	Maryla	(16	No.	(above	tion, give its NAM	Dist. No. 74 St, IE instead of street an	Ward d number) mos. ds
2. FULL NAME	George W	hite						
(a) Residence: No.	242 Pear	Usual place		Id_st.,	Ward.	16	t give city or town a	16.
PERSONAL A	ND STATIST				MEDICAL C		E OF DEATH	nd State
3. SEX 4. COI	or or race	5. SINGLE, MARE	RIED, WIDOWED,) (write the word)	21. DATE (an., 2,	1933 (Day)	, t93 (Year)
5a. If married, widowed, or di HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month,		'eb., 1,	1914	Nov., 1	6, 1932	19 toJa	Y. That I attended in . , 2, 1	9339
7. AGE Years	Months	Days	If LESS than	to have occurred	d on the date state	ed ebove, at 7_•	15 mP . M.	
	111	1	1 day,hrs.	The PRINCIPAL were as follows		TH and related caus	ses of Importance	Date of onse
kind of work don SAWYER, BOOKK Industry or business work was done, a SAW MILL, BANK	e, as SPINNER, EEPER, etcin which sSILK MILL, s, etc	Labore Unknot	Wn me (years)					Nov.
SAWYER, BOOKK SAWYER, BOOKK Injustry or business work was done, a SAW MILL, BANY Obate deceased last v this occupation (n year) 12. BIRTHPLACE (city or tow	e, as SPINNER, EEPER, etc. in which s SILK MILL, to, etc. orrked at nonth and nkno Balti n) Balti	Unknot 11. Total ti wn span oeau more	wn		ory Causes of impi			Lov.
SAWYER, BOOKK SAWYER, BOOKK Injustry or business work was done, a SAW MILL, BANY to Date deceased last v this occupation (n year) 12. BIRTHPLACE (city or tow (State or country)	e, as SPINNER, EEPER, etc. in which sSILK MILL, corked at nonth and nkno Balti Laryl	Unknov 11. Total ti wn spen occu more	WN me (years)					Lov.
SAWYER, BOOKK SAWYER, BOOKK Injustry or business work was done, a SAW MILL, BANY this occupation (n year) 12. BIRTHPLACE (city or tow (State or country)	e, as SPINNER, EEPER, etc. in which sSILK MILL, orrked at nonth and nkno Balti Maryl Georg town) Unkno	Unknown 11. Total time with span occur. more and e White wn	WN me (years)	Other Contribut	ory Causes of imposion.	ortance:	Date of Wes there a	Nov. 1931
SAWYER, BOOKK SA	e, as SPINNER, EEPER, etc. in which sSILK MILL, vorked at nonth and nkno Balti Maryl Georg town) Unkno	Unknown 11. Total times with the span occur. More and the white	WN me (years)	Other Contribut Name of operati	ory Causes of imposion	ortance:	Date of	NOV. 1931
SAWYER, BOOKK SA	e as SPINNER. EEPER, etc. in which sSILK MILL, orked at nonth and nkno Maryl Georg town) Unkno Unkno Unkno Unkno Unkno town) Unkno	Unknown 11. Total tipe with the span occur more and with the wing with the swing	Wn me (years) it in this nknov	Name of operations of the confirmation of the	ory Causes of imposion	ortance: Outside Section (Specify city of	Date of Wes there a	NOV. 1951 autopsy?//
SAWYER, BOOKK SA	e as SPINNER. EEPER, etc. in which sSILK MILL, orked at nonth and nkno Maryl Georg town) Unkno Unkno Unkno Unkno Unkno town) Unkno hn % 0 '	Unknown 11. Total tipe with span occur. More and e White with swin swin swin swin swin swin swin swin	Wn me (years) it in this nknov	Name of operations of the confirmation of the	ory Causes of imposion	ortance: Outside Section (Specify city of	Date of Wes there a fill In also the follow	NOV. 1951 autopsy?//

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A PARKATINA	1		
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BINDIA

FOR

RESERVED

MARGIN

V. S. No.

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